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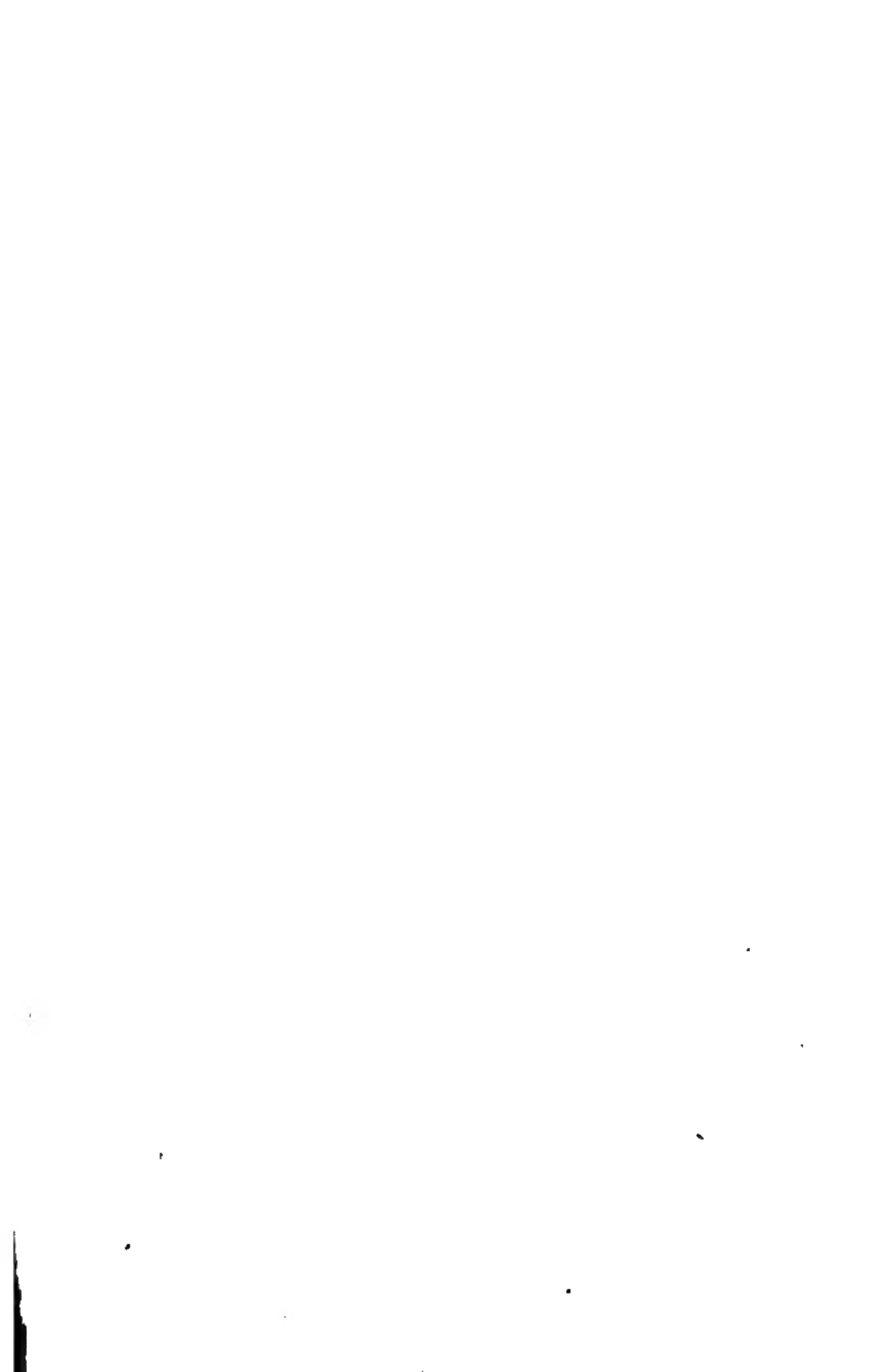
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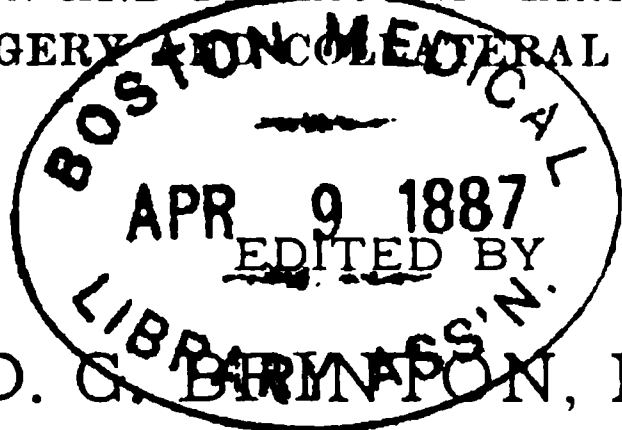
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QUARTERLY COMPENDIUM
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MEDICAL SCIENCE:
A
SYNOPSIS

OF
THE AMERICAN AND FOREIGN LITERATURE OF MEDICINE,
SURGERY AND COLLETERAL SCIENCES.



D. C. BARNES, M. D.,

AND

JOSEPH F EDWARDS, M. D.

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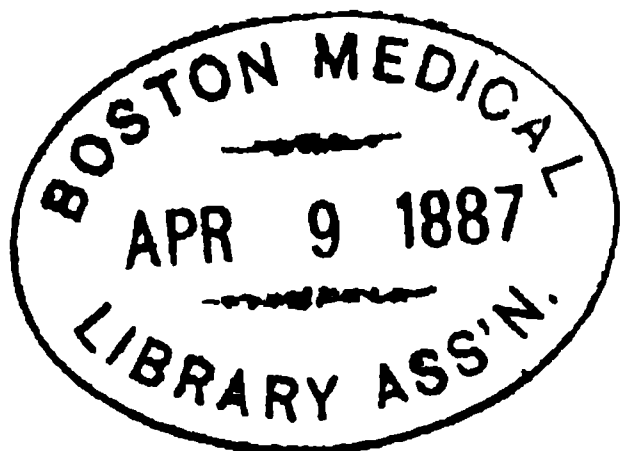
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I. ANATOMY, PHYSIOLOGY AND PATHOLOGY.

Bladder and Anus Six Months after Littre's Operation.

To the Pathological Society of London (October 20), Mr. MANSELL MOULLIN showed a specimen from a successful case of Littre's operation; a long narrow channel, however, existed, communicating with the prostatic portion of the urethra, and fæces occasionally passed through the urethra. Extensive prolapse occurred through the wound. The gut below the opening made by the operation, had not contracted when the patient died. Mr. Pitts said that, in a case in which he had performed Littre's operation, death occurred in a fortnight; the bladder was contracted, and there was distinct surgical kidney.

Supplementary Spleen.

Mr. S. H. PEEVOR reports in the *Indian Medical Gazette* for July, 1885, a case of supplementary spleen which he discovered in making an autopsy upon a native woman, supposed to have been poisoned. The natural spleen was enlarged to twice the normal size, but was healthy in other respects. The additional spleen was almost spherical, about one inch in diameter, and about one inch distant from the hilum of the natural spleen, which it was connected with by two or three narrow, white, fibrous bands. It was attached to the omentum, and its structure appeared to be that of a normal spleen.

Epidermal Cyst of Finger.

To the Pathological Society of London (November 3d), Mr. A. E. BARKER showed a tumor removed from the palmar aspect of the proximal phalanx of the index-finger. Such tumors commonly occur on the palmar aspect; they were small, cystic, containing sebaceous material, and lined by epidermis. A section of the cyst he exhibited showed a layer of fibrous tissue lined by cubical cells, upon which were superposed stratified cells, limited by a horny layer. There were no true papillæ, and no traces of follicles. The skin over the tumor was perfectly sound. In every case, the formation of the cyst appeared to be connected with injury. On the other hand, if this were the explanation of their occurrence, it was strange that they were so rare.

The Pathology of Wry-Neck.

Since subcutaneous myotomy did not always produce the desired result, VOLKMANN has been led to open the sheath of the muscle and divide it by an open section. He has performed this operation a number of times in late years, and has thus had many opportunities of examining the muscle microscopically. In several cases this was perfectly normal, but in others the muscle was entirely

absent and was replaced by a mass of fibrous tissue. The most common condition was one between these extremes. The author believes, as a result of his studies, that, while tearing of the sterno-cleido-mastoid at birth is by no means the only, or the chief, cause of caput obstipum, it can, nevertheless, not be excluded wholly as an etiological factor in the production of the deformity.

A Rare Case of Encystment of a Foreign Body in the Iris.

The *Med. News* Oct. 3, says that E. BERGER, in the *Wiener Med. Blätter*, 1885, No. 6, reports the case of a peasant, in whose eye a small fragment of stone about one-twelfth of an inch in diameter was encysted, occupying a position in the iris about midway between the edge of the pupil and the corneo-scleral margin, and projecting into the anterior chamber of the eye. The fragment entered the eye twenty-five years previously while the patient was preparing a millstone, and caused at the time slight pain, which disappeared in a few days.

Excepting slight loss of acuity of vision in the injured eye, no unfavorable results have occurred.

A few days since, for the first time, slight ciliary injection with pain in the eye, was noticed, but the patient refused to permit the extraction of the fragment.

The Use of the Fossa at the Lower End of the Fibula.

Dr. C. B. LOCKWOOD thus writes in the *Brit. Med. Jour.*, October 24: If the usual text-books be consulted, they will be found to say that the fossa, at the lower end of the fibula, gives attachment to the posterior fasciculus of the external lateral ligament of the ankle-joint. Examination of numerous specimens shows that this is only partially true, and that the most important use of the fossa has been overlooked. The ligament (posterior fasciculus of the external lateral) is attached into the lowest part of the fossa, quite close to the apex of the external malleolus. The upper part of the fossa serves for the reception of the ligament during dorsal extension of the foot.

By dorsal extension is meant a straightening out of the foot upon the leg. Many anatomists call this action flexion of the foot, because the flexor muscles of the leg are concerned in its production.

Circulation in the Nasal Mucous Membrane.

The *Lancet*, November 14, says: The anatomists Hyrtl and Henle admit that in the normal state the cavernous or spongy tissue of the nasal passages is swollen. According to Bresgen, we ought only to recognize the normal condition when the mucous coat is closely applied to the osseous framework. He combats the opinion of Hack that the mucous membrane itself remains unaffected when any considerable swelling of the cavernous tissue is present. Fraenkel and Zuckerkandl teach that a cavernous tissue does not exist apart from the mucous coat itself; and from the histological examinations of Fraenkel it appears that in all cases of swelling of the cavernous tissues there is some hyperplasia of the mucous membrane. But Bresgen argues that normally there is no cavernous tissue in the nose, but only a venous plexus, which, by the irritation caused through the passage of air, is transformed into a cavernous tissue. The same

spongy tissue that is frequently found around the lachrymal canal is held to be abnormal and due to the propagation of a chronic rhinitis which leads to swelling with hyperplasia of the venous plexus.

Congenital Cyanosis.

To the New York Pathological Society, (*N. Y. Med. Jour.*, Oct. 24): Dr. L. E. Holt presented the heart, lungs, and kidneys of a child which had died of congenital cyanosis, forty-eight hours after birth. There was a distinct syphilitic history; the child was born about the eight month; it weighed between four pounds and four pounds and a half, and was cyanotic. The respiration was very rapid, and the pulse could not be counted. Examination of the lungs showed over both sides marked diminution in resonance and many fine râles. At the autopsy the lungs were found to be solid, did not crepitate at all, and sunk in water; it was difficult to find with the unaided eye any air cells which had been distended. The foramen ovale was sufficiently large to admit two fingers; the right ventricle was slightly thickened; there was no disease of the valves. The spleen was enlarged and hard, and showed venous congestion. Externally the kidneys were slightly softened; the cortex was quite pale, and the pyramids were somewhat congested, showing uric-acid infarctions. There was interstitial nephritis.

Pathological Anatomy of Lead Palsy.

The *Lancet* Nov. 14, says it has long been a favorite theory, with clinical physicians especially, that morbid anatomy is simply to be regarded as a consequence of the morbid process on which symptoms are dependent. Morbid anatomy is on this view merely a symptom or sign of disease, and has no more value pathologically than any other objective phenomenon. Probably the assertion that paralysis resulting from lead-poisoning is due to the direct action of some salt of lead on the nervous apparatus would be accepted by most, if not all, neurologists. On such a view, the absence of morbid changes in the neuro-muscular tissues during the early stages of saturnism would be fairly explicable. The development, however, of structural alterations would, whilst securing permanence for the symptoms and possibly increasing their intensity, render any possibility of a cure much more doubtful. Oppenheim has reported a case of saturnine paralysis in the current volume of the *Archiv für Psychol.* The autopsy showed, besides interstitial nephritis, a sclerotic condition of the grey matter of the anterior cornuæ of the spinal cord, especially in the cervical and lumbar enlargements; there was a more or less complete destruction of the nervous elements of these regions.

Heat Radiation from the Human Body in Conditions of Health and Disease.

Before the 58th Congress of German Naturalists and Physicians (*Med. Record*, November 14,) HERR H. EICHHORST read a paper on this subject.

By means of a delicately constructed apparatus the speaker and Herr Masse had made a number of observations upon the radiation of heat from various portions of the body. They found that this was greater from the trunk than from the face, and from the flexor than from the extensor surfaces. There was no percep-

tible difference between the two sides of the body. One interesting fact was observed, viz., that there was no obvious parallelism between the surface temperature and radiation. Thus, in a case of epididymitis, although the skin covering the inflamed part was hotter than that on the healthy side, it nevertheless gave out less heat. In fevers, also, the radiation of heat is not invariably increased in proportion to the degree of elevation of the body temperature. Quinine, kairine, cold baths, and other internal and external antipyretics had the effect of greatly increasing the radiation from the body in fevers, and to this, probably in great degree, was due their power of lowering temperature. The speaker exhibited the instrument which had been used in his investigation.

Adeno-Carcinoma Testis.

A case in a boy aged 20 months is recorded in the *Centralblatt für Chirurgie*, No. 34 of the current year. It was noticed about three months before the child was brought under Dr. SCHLEGTENDAL's care in Hanover. The tumor was as large as a lemon; it was not transparent, nor did it fluctuate; and though of a firm consistence it slightly yielded to the pressure of the finger. The surface was smooth, and it was nowhere adherent to the superficial structures of the scrotum. The spermatic cord was normal, there was no testicular sensation. Castration was performed, and an iodoform dressing applied. Recovery took place rapidly. When discharged from the hospital the scrotum was quite free from tumor, the cord was normal, and there was no enlargement of the inguinal glands. On section the tumor was found to consist of a soft medullary substance, breaking down in the centre; at the upper portion the remains of the altered testis could be seen. Microscopic examination (made at the Pathological Institute at Göttingen) showed the growth to be an adeno-carcinoma. For about three months the child, who was kept under constant observation, remained well; then the spermatic cord began to indurate, and to become painful; infiltration of the penis came on, and later retention of urine. The secondary growths enlarged rapidly within the following two months, and the child died of general exhaustion about nine months after the disease had first manifested itself.

The Viscera in Epilepsy.

M. VULPIN (*Progés Médical*) has communicated the results of certain experiments undertaken with the view of explaining the effects produced upon the action of viscera by epileptic seizures. He has induced fits of this kind in the dog by stimulating certain points of the sigmoid flexure. A few seconds after the convulsion began the heart-beats and the respiratory rhythm became slower, the latter even to absolute cessation, which was ascribed by M. Vulpian to a special excitation of the respiratory centre analogous to that produced by faradization of the central end of the pneumogastric or superior laryngeal nerve. In the dog, also, as in man, there is increase of the salivary secretion during the attacks. The amount of bile excreted is also in excess of the normal, while the passage of urine, on the contrary, is arrested. In a curarized animal it is possible to provoke epileptic attacks, which are limited in their manifestations to the internal organs. The phenomena then apparent do not differ from those observed in the same regions during ordinary attacks of epilepsy. After the paralysis of

the motor nerves of the voluntary muscles, the effects of stimulation of the nervous centres continue to travel along the still available visceral nerves, and to give rise to modifications of heart action, contractions or dilatations of vessels and of the pupils, contractions of the intestine and bladder, alterations of secretion, and the like.

The Absorbent Power of the Skin.

The *Med. News* (Oct. 3d), quoting from *Gaz. Hebdom.*, says that M. C. Kopp, in the *Breslauer Aertzl. Zeitschrift*, 1885, No. 6, considers the following propositions to be a résumé of facts found in reference to the absorbent power of the skin:

1. Pure water, or that containing dissolved matter, is not diffused through the intact epiderm.

Absorption is possible if the normal texture of the skin is destroyed, or if it be greatly macerated.

2. The same facts obtain in reference to alcohol and to alcoholic solutions.

3. There is slight absorption of atomized aqueous or alcoholic solutions, but in so slight a degree that it is of no practical importance.

4. Medicaments applied to the sound skin in the form of ointments, are not absorbed:

This is true of iodide of potassium, veratria, quinine, etc. On the contrary, salicylic acid in solution or in ointment is absorbed, because it possesses the power of rendering the epiderm permeable.

5. In the method of administering mercury by inunction, there is a mechanical penetration of exceedingly minute particles of the metal into the lacunæ of the epiderm, into the glands, and hair follicles. The theory of Voit as to the absorption of sublimated mercury is very probable.

Section of Nerve from a Case of Tetanus.

Mr. A. G. MILLER showed to the Medico-Chirurgical Society of Edinburgh, a microscopic section of nerve (prepared for him by Dr. Bruce) from a case of tetanus. The patient had fallen a considerable height and sustained a compound fracture of the elbow. Two days after his admission a portion of bone was removed to relieve tension and evacuate discharge. On the fourth day symptoms of tetanus began to show themselves, and notwithstanding amputation of the arm, the man died of tetanus and septicæmia. Examination of the arm after amputation showed the lower end of the humerus bare, with evidence of osteomyelitis. There was a fracture through the internal condyle of the humerus; the ulnar nerve was much enlarged, about three times its ordinary size, round the condyle. It was very vascular, and on section showed a distinct extravasation in its substance. The musculo-spiral was also enlarged and vascular. All the nerves examined were found enlarged, with the blood vessels distinctly marked upon them. Dr. Bruce said the section he had made showed a great increase in the number of leucocytes in the perineurium, and a considerable increase between the nerve fibres themselves, a perineuritis running through the nerve. He did not make any examination for bacilli, because he was not aware of the condition of the patient when the nerve was handed to him, and it had not been preserved in an antiseptic fluid.

A Cast of the Bladder.

To the New York Pathological Society (*N. Y. Med. Jour.*, Oct. 24), Dr. H. J. BOLDT presented a cast of the bladder of a woman aged eighteen years who had recently given birth to her first child. Delivery was normal. Soon afterward, September 21st, she complained of pain in the hypogastric and lumbar regions. There was tenderness on pressure. Micturition caused no pain. The urine contained albumen, blood-casts, and a small quantity of pus. The diagnosis was made of catarrhal nephritis. At this time the temperature was 102.6° F., but some days later it rose to 106° . The patient felt something in the urethra while urinating, and, on examination, Dr. Boldt thought the sac to be a portion of the inverted bladder. He replaced it, and did so several times subsequently. Dr. Lusk, who saw the patient in consultation, thought it to be an inversion of the bladder, and, as the presenting portion was becoming putrid, it was dusted with iodoform. Finally it was expelled and was found to be, as Dr. Boldt believed, the mucous membrane of the bladder with some submucous tissue and perhaps some of the muscular fibres. He had not examined it microscopically, and consequently wished that it be referred to the Microscopical Committee. After its expulsion, the bladder-walls seemed to be entirely denuded of their lining membrane, and became thickened, and the cavity greatly decreased in size. A large quantity of urine was passed during the twenty-four hours. The patient died, on the 10th of October, with cerebral symptoms, probably of a septic nature.

Malformation of Knee in a Recruit.

Dr. P. S. NOVITSKI of the Military Hospital, Kasan, communicates to the *Vrach* an account of congenital malformation of the right knee existing in a recruit who was sent into hospital for examination as to his fitness for military service. He complained of weakness of the right leg, especially on flexion, which condition had existed from childhood, but had not increased. When standing upright, the circumference of the right thigh was evidently less than that of the left; the difference was found to amount to two inches, the right calf was also half an inch smaller than the left; the feet and buttocks were equal. The right internal vastus could not be felt, but in its place was a soft substance like an empty sac. When the right leg was extended, the patella was in its ordinary position; but from the weakness of the extensors it was capable of lateral displacement. When displaced inwards, the anterior prominence of the external condyle could not be felt, but in its place there was an inclined plane sloping outwards. The movements of the joints of the right leg were normal in extent, but when the man was lying on his back, and directed to flex and extend the knees, the right leg, though flexed with facility, was only extended with some exertion, and in a jerky manner. During the flexion of the knee the patella moved gradually outwards, upon the anterior surface of the external condyle. When flexion was complete, the tendon of the rectus was plainly seen, and the muscular part of the internal vastus lay in front of the external condyle as a thin muscular film. The patellar ligament was also to be made out lying on the external condyle of the tibia, so that the whole of the structures forming the anterior boundary of the knee-joint were displaced outwards. On complete flexion, the inter-condylar groove could be felt covered with cartilage above only. On gradual extension of the limb the patella returned to

its usual position without any crepitus, showing that the path over which it travelled was smooth and lubricated by the synovial fluid.

New Facts Concerning the Venous Circulation in the Fingers.

The *Lancet* Oct. 17, says: The separate injection of minute venous radicles is a matter of difficulty owing to the resistance offered by the valves. M. BOUCERET adopts the following method: The part to be injected is kept in a warm bath, 103° to 113° F., for five or six hours. The arteries are then injected with a colorless fluid; as soon as the subcutaneous veins appear to be well defined, but before they are distended, the injection is stopped. A cannula is inserted by means of a trocar into the largest of the superficial veins. A simultaneous injection is next made of the artery with red fluid, and of the vein with blue fluid. Each fluid penetrates to the capillaries, and the color of the part is pretty much that which is seen in life. It is supposed that the colorless fluid either makes the valves of the veins incompetent by distension, or else that it actually forces the valves against the sides of the vessels. This method has brought to light what appears to be a discovery, which is no less than the existence of a special collateral circulation in the fingers perfectly distinct from that which nourishes the tissues. The branches which are given off from the collateral arteries are very few and thin, so that the trunk vessels are hardly reduced in size where they terminate in an arch at about the middle of the palmar aspect of the last phalanx. From the arch many arterial tufts are given off and divide in the pulp of the finger. These vessels have no *venæ comites*. Practically the tufts are like the glomeruli of the kidney. They are found in abundance about the arch before mentioned and under the upper two-thirds of the nail, as well as over the thenar and hypothenar eminences. The ordinary mode of vascularization is found side by side with this special form. The large size of the digital vessels at their termination is in great contrast with the comparatively slight nutritive wants of these parts, and M. Bouceret believes that the object of the special kind of circulation is to afford more nourishment and warmth; but there seems more probability in M. Poirer's suggestion, that it is related to the exquisite sensibility of the localities concerned.

The Cause of the First Sound of the Heart.

The *Lancet* (October 31st), says an interesting note on the cause of the first cardiac sound, by Dr. GERALD YEO and Dr. J. W. BARRETT, appeared in the July number of the *Journal of Physiology*. Opinions, as is well known, have varied considerably on this point. Some observers, as Halford and Billing, looking at the relative size of the auriculo-ventricular and semilunar valves, have held that the sudden tension of the former is sufficient to produce the first sound of the heart. These observers point to the fact that just as the act of hooking back one semilunar valve abolishes the second sound, so the same act of hooking back one auricular valve, or the incompetence of the valve as a whole, impairs or abolishes the first sound; and they also point to the fact that the tracing of a cardiac contraction is a single contraction, and not a tetanus of the muscular tissue. Many careful experimenters, however, maintain that the muscular sound must be regarded as an element in its causation, and insist on the greatly increased vol-

ume of the sound in cases of cardiac hypertrophy. Drs. Yeo and Barrett's experiments originated in a difference of opinion between them on this point, each being desirous of persuading the other of the soundness of his views. To determine the question, a large cat and an active mongrel bull terrier were chloroformed and subjected to artificial aspiration, and the cardiac sounds were then carefully listened for by each disputant, as well as some independent observers, after the thorax had been opened by an extensive medial incision without injury to the pericardium. The veins were then compressed, and all noted that the sound became slightly diminished, but did not become inaudible, the tone remaining distinct as long as the heart continued to beat. In the case of the dog the same phenomenon was observed even after the heart was removed from the body, and the same was noted in the ventricle when removed below the valves. The authors therefore arrived at the conclusion that a definite and characteristic tone similar in quality to the first sound is produced by the heart muscle, under circumstances that render it impossible for any tension of the valves to contribute to its production.

A Rare Malformation of the Heart.

Dr. GEORGE E. BREWER reports: On July 20th, at the Columbia lying-in hospital in Washington, a healthy colored woman was delivered of a male child. At the time of birth, the child was cyanosed, and it was only after the employment of artificial respiration and various other stimulating measures, that respiration was established. The child lived fifty-four hours, during which time, embarrassment of respiration, rapidity of pulse and great restlessness were constantly observed. The efforts at nursing were feeble and without result.

At the autopsy, the heart alone was removed and preserved for subsequent examination. The lungs and abdominal organs were examined *in situ*: the former were well aerated, and the latter presented nothing abnormal. Upon later investigation the heart was found to consist of three cavities, two auricles and one ventricle. The auricles were well formed but of unequal size, the left being considerably enlarged. The septum was present and exhibited nothing abnormal except the large size of the foramen ovale, which admitted the tip of the little finger. There was but one, the left, auriculo-ventricular opening. In place of the tricuspid valve, there was a slight depression, at the bottom of which was a minute fibrous ring, 3 mm. in diameter. This was impervious, and an opening made through it, in search of a rudimentary right ventricle, revealed nothing but the dense muscular tissue of the ventricular wall.

The ventricular portion of the heart did not differ in size and external appearance, from normal specimens of the same age. The walls were somewhat hypertrophied, measuring 9 mm. in thickness. Its cavity was spacious, and presented no trace of a septum: from it was given off one large arterial trunk, the aorta. A small vessel, blindly originating at the junction of the anterior wall of the aorta with the ventricle, measuring 3 mm. in diameter, bifurcating 8 mm. above its origin, was observed, and considered by Dr. D. S. Lamb of the Army Medical Museum, to be the rudimentary pulmonary artery. As the autopsy was necessarily hurried, further investigation, with a view to ascertaining the origin of the vessels supplying the lungs, was not undertaken.

The Structure of the Derma and the Development of Elastic Tissue in it.

Dr. HEITZMAN read a paper on this subject before the last meeting of the *Am. Dermat. Ass.*, in which he stated that the derma is made up of interlacing bundles of so-called fibrous connective tissue, which are comparatively coarse in the middle and lower portions of the derma and delicate in the papillary layer. The bundles looked striated, owing to the presence of dense spindles, representing the glue-yielding basis substance proper, being united with each other by a less dense, so-called cement substance. Real fibres appear only after teasing or after application of chemical reagents. Between the bundles lie the protoplasmic cords, freely supplied with nuclei, and, according to the general spindle-shape of the bundles, branching and connecting everywhere. Isolated cells or connective-tissue corpuscles do not exist in the derma, nor in any other variety of fibrous connective tissue, such as tendon, aponeuroses, ligaments, etc. Starting from the protoplasmic cords, delicate offshoots pass into the bundles and freely connect with an extremely delicate reticulum of living matter which traverses the basis substance to such an extent that only the meshes of the reticulum contain the glue-yielding basis substance. The delicate interstices between the spindles or fibres, the cement substance, is again traversed by minute spokes of living matter. Thus the whole basis substance is endowed with properties of life, and in inflammation the formation of inflammatory or eventually pus-corpuscles, though starting from the protoplasmic cords goes on from the latter as well as from the bundles.

With advancing age, the interstices between the bundles fill with protoplasm, decrease in size, whereas the volume of the bundles increases. The interstices at length become reduced to narrow slits, and at the edges of the bundles, where the contact between them is narrowest, a very dense elastic basis substance forms, assuming the shape of elastic fibres. The branching of these fibres becomes intelligible only by assuming a direct transformation of the protoplasm into elastic substance along the edges of the bundles. In some benign tumors of the skin, such as fibrous papilloma, etc., the formation of elastic tissue goes on in a rather premature and rapid manner. All the three varieties of basis substance of the derma, the glue-yielding, the cement, and the elastic substance, are direct products of protoplasm, and all of them are possessed of properties of life.

Tumor of the Base of the Brain Containing Skin.

To the Pathological Society of London, Nov. 3d, Dr. HARRINGTON SAINSBURY showed a specimen from the museum of University College. No history was appended. The tumor resembled a pendulous fibroma of the surface of the body. Microscopically, the matrix was seen to be a fibro-cellular structure, and investing this, a structure typically resembling skin; a dermis, with its papillary layer; an epidermis, with rete Malpighii, and a horny layer; no hair-follicles nor sweat glands were seen. The interest of the tumor lay in the presence and disposition of the epithelial elements. It might be described either as a teratoma, or as an organoid tumor. The difficulty in the way of accounting for the genesis of these tumors on the facts connected with the development of the anterior lobe of the

pituitary body from a diverticulum of the pharynx, in the present case was the disposition of the epithelial elements externally. The anterior lobe of the pituitary body itself, and teratomata in connection with this, showed the epithelial elements enclosed within a fibrous matrix; and he found it difficult to conceive how, from a diverticulum of the alimentary tract which must show the epithelium central, any other arrangement could arise.—Mr. J. Bland Sutton observed that teratomata were tumors of considerable interest, inasmuch as they occurred with especial frequency in the neighborhood of obsolete canals, particularly those which brought the three blastodermic layers, epiblast, hypoblast, and mesoblast, into direct communication in the embryonic condition of mammals. Thus, in the case of the canal which pierced the floor of the pituitary fossa, whereby in early foetal life the infundibulum, foregut, and buccal involution came into contact, there was a good example of the kind of passage referred to. At the caudal end of the notochord, the central canal of the spinal cord communicated with the alimentary canal by means of the neurenteric passage; in this way, the three layers came into direct relation. The postanal gut in its relation to sacral cystic tumors, supposed to be derived from degeneration of Luschka's gland, was also a case in point. The branchial clefts were also examples of obliterations of disused passages between hypoblast internally and epiblast externally. In this way, an explanation might be sought of the occurrence of teeth on the petrous portion of the temporal bone in cysts in horses, the tympanum being, in reality, a modified branchial arch. With regard to ovarian and testicular teratomata, it might be shown that there was good evidence that, during their development, they came into relation with regions where the germinal layers split, and where transformations occurred likely to produce similar events, such as might be demonstrated at the base of the skull, sacral region, branchial arches, and elsewhere.

Congenital Malformation of Left Knee-Joint, or Anterior Flexion of Leg Upon the Thigh.

Before the Medical Society of the District of Columbia, Dr. HARTIGAN presented recent photographs of this case which he exhibited to the Society six years ago. The leg and foot could not be moved backwards after the tibia and fibula were in the axis of the femur; but at the child's volition, or with the gentlest pressure, the leg and foot bent forward against the quadriceps, the sole of the foot presenting upwards, the toes pointing into the groin; no indication of a patella could be found. The child was under treatment five months, is now nearly seven years old, and it is impossible to tell which limb was deformed. The patella is fully developed, and posterior flexion complete.

The Explanation of Diastolic Functional Murmurs.

H. SAHLI reports in the *Korrespondenzblatt für Schweizer Aerzte* four cases of chlorosis with undoubted diastolic murmurs and the absence of all other signs of organic disease of the valves. Heretofore it has been supposed that functional heart murmurs were only systolic.

Sahli thinks that this diastolic murmur is nothing more than the venous hum increased during diastole. He found at the apex a systolic murmur and both heart sounds distinct; just below the point of origin of the aorta, a diastolic mur-

mur and both heart sounds. In contrast to the murmur of aortic insufficiency, this sound is situated higher up, is less transmitted towards the apex, and is very weak or entirely inaudible where the murmur of aortic insufficiency is loudest. On the other hand upwards, towards the jugular vein, a continuous hum supplanted the diastolic murmur, which appeared to be merely an intensification of the hum. Over the jugular vein itself was heard a loud venous hum, increased with the diastole and perhaps also with the systole.

This functional diastolic murmur had in all cases a soft, blowing, in no way musical sound, and was never audible except when the patient was standing; in the first three cases over the region of the aorta it was increased by turning the head toward the left and by inspiration; in the fourth case, on the contrary, the murmur proceeded from the left jugular vein, was loudest at the auscultation point of the pulmonary artery, and was increased by turning the head towards the right.

The author thinks that these cases support the view that venous hums in general are intensified only during diastole.

Influence of Pilocarpine and Atropine on the Secretion of Sweat.

The Paris correspondent of the *British Medical Journal*, Aug. 1, 1885, states that M. JUDIC, in a communication on the influence of pilocarpine and atropine on perspiration, made before the Biological Society, stated that if a dog's spinal cord be cut between the eighth and ninth dorsal vertebrae, its paws become the seat of intense perspiration. This appears to prove that there is a spinal nerve-centre, which regulates the secretion of sweat. After dividing the sciatic nerve, if the peripheral end be stimulated, the corresponding paw perspires profusely. The sciatic nerve is simply a transmitting agent; it establishes communication between the medullary and the peripheral nerve-centres. If, instead of stimulating the peripheral end of the sciatic, the nerve be left intact, and pilocarpine be administered to the animal, the perspiration is equally intense. If the nerve be cut and pilocarpine administered, the perspiration is normal. It may, therefore, be concluded that pilocarpine does not act on the glandular elements, but on the nervous system. Atropine produces the opposite effect to that provoked by pilocarpine.

II. PHYSICS, BOTANY, CHEMISTRY AND TOXICOLOGY.

Curious Poisoning Case.

An inquest was held in New Castle, England, upon the wife of a publican, aged twenty-nine, addicted to intemperance. It was shown that after a quarrel with her husband she had purchased eight boxes of lucifer matches; these she steeped in water, which she drank, and also ate the remainder of the heads. Death took place, preceded by convulsions, in about twelve hours.

Antidote in Case of Poisoning by Resorcine.

From *Le Scalpel*, we learn that Dr. ANDREER, having remarked that in poisoning by resorcine the arteries are almost empty while the venous system is engorged, made use of hot baths as restoratives; their effect, however, was contrary to what he had expected. He then had recourse to red wines, especially the good vintages of Bordeaux and Burgundy, and under the influence of these general stimulants the toxic symptoms rapidly disappeared.

Chemical Composition of Teeth.

In the teeth of adults there is 25 per cent. of organic matter, and 75 per cent. of mineral substances. In those of very young children 30 per cent. at least of organic matter, and 69 per cent. only of mineral, besides carbonate of chalk and magnesia, which greatly increase the vulnerability. The more iron there is in the permanent teeth the weaker they are. The resistance of the teeth ought to be greater in proportion to the silicate in their composition when it does not exceed 50 per cent. There is very little fluorine in teeth at present, although it is found in large quantities in fossil teeth.

Norwegium.

The *Western Druggist* for September says that this is the name given to another new metal, which is now added to our rapidly growing list of elements. It was discovered by Dr. T. Dahll (Scientific American) in examining a specimen of nickel ore from Kragero, in Norway. It is a malleable metal, of white color, with a tinge of brown; it presents, when pure, a metallic luster, but, on exposure to the atmosphere, becomes coated with a thin film of oxide; its hardness is about that of copper, and its specific gravity is 9.4441. At 350° C., it melts. From its physical properties and chemical reaction, it appears to differ from every other known metal, and Dr. Dahll claims for it a distinct individuality.

Poisoning by Hydrochlorate of Cocaine.

Dr. W. B. MERRIMAN thus writes in the *Cinn. Lancet and Clinic*: C. J., aged 28 years, formed the morphine habit by taking it for sick headache. On or about May 1st, he went to Cleveland and was advised by a physician to take cocaine until it sickened him. He commenced by using one drachm of the four per cent. solution per day, and gradually increased the dose till he was taking from five to seven drachms per day hypodermically. I was called to see him on September 17th, and found him with low grade fever, pulse 100 and very weak, mind wandering, very nervous, had had no sleep for three days, in fact going through all the grades of the delirium tremens. Bromides and stimulants quiet him while under their influence.

Poisoning by Mercuric Sulpho-cyanide.

Mr. F. E. CAVE describes this case in the *Brit. Med. Jour.*, November 7th: He was called to a woman suffering from intense pain, vomiting, and purging; the symptoms had followed the taking of two supposed aperient pills the day before. The case was treated with milk and a mixture of chalk, opium and olive-oil. The aperient pills, which had been bought for the occasion, were found subsequently untouched; but a box of "Pharaoh's serpents" was discovered, two of which had been taken by mistake. They contained about three grains and a half apiece of mercuric sulpho-cyanide, so that the symptoms were the result of a dose of about seven grains. Mr. Cave pointed out that these "eggs" were sold without a poison-label, infringing the rules of the Pharmacy Act, and were bought mostly by children.

Color Tests for Strychnia.

Some very delicate color tests for strychnia have been published in the *Pharmaceutical Record* by Mr. HINSDALE. Cerosoceric oxide is a powerful oxidising agent, and was introduced by Sonnenschein as a test for alkaloids. It is easily prepared by igniting cerous oxalate in an open crucible. Mr. Hinsdale prepares it for testing by mixing about one-tenth of a grain with five or six drops of sulphuric acid. The hydrated peroxide of manganese is found also to be much more delicate as a test than the ordinary peroxide in fragments. Wenzell's method of testing with permanganate of potash is to dissolve 1 part in 2000 parts of sulphuric acid. With the cerosoceric oxide the purple, pink, and red play of colors that strychnia produces are very distinct, and the red color lasts a much longer time than when caused by any other reagent.

Naringin.

The *National Druggist* tells us that Naringin is the name of a new glucoside, very closely allied to hesperidin, recently separated from orange flower water by DE VRY, in Java. The water prepared from the flowers of *citrus decumana* is said to be especially rich in the new glucoside, containing frequently as high as 2 per cent. of it. The properties of naringin have just been investigated by Will, who has communicated the results to the *Bericht'e der Deutschen Chemischen Gesellschaft*. It is a spongy, yellowish, crystalline mass, slightly soluble in cold and

very soluble in hot water, and having an intensely bitter taste, which is very persistent. Like hesperidin it gives up to sodium amalgam a beautiful red coloring matter, which, when dissolved in alcohol, sparkles with a bluish fluorescence. Boiled with dilute acids naringin is split into isodulcit and naringenin, the latter being by further boiling split into phloroglucin and naringenic acid.

Fatal Sublimate Poisoning.

In the *Central f. Gynak. Record* (Nov. 7, p. 516): Dr. H. KELLER relates the case of a woman, fifty-two years of age, from whom the uterus was removed through the vagina on account of carcinoma. During the operation the wound was thoroughly irrigated with a 1 to 4,000 sublimate solution. The next day two vaginal injections, of about a quart each of the same solution, were made. The following morning there was diarrhœa with tenesmus, and in the evening the patient had bloody stools, with a small pulse of 156 to the minute, great thirst and restlessness. She passed about ten ounces of bloody urine containing hyaline, granular and epithelial casts, and renal epithelium. The day following this the patient died. The writer thinks that corrosive sublimate should not be used as a disinfectant in cachectic and anæmic individuals or in those suffering from renal disease.

Poisonous Caviar.

The *N. Y. Med. Jour.*, Nov. 7th, says: At a meeting of a Russian medical society, held last spring, a report of which appears in a recent issue of the "*Deutsche Medizinal-Zeitung*," condensed from the "*St. Petersburger Medicinische Wochenschrift*," Dr. Knoch made some observations in regard to several poisonous varieties of fish, especially three Asiatic species of *Schistothorax* and the Japanese *Tetrodon inermis*. It seems that the roes of these fishes retain their poisonous qualities for a long period; in one of Dr. Knoch's experiments, a portion of roe that had been preserved in alcohol for six months was given to a mouse to eat, with the effect of killing the mouse within half an hour. The symptoms of the poisoning consist of vomiting, purging, syncope, tenesmus, cramps, and dilatation of the pupil, followed by collapse and death. Apparently there is no guarantee that the roes of these poisonous fishes may not find their way to the consumers of Caviar in the ordinary course of trade.

Chlorophyll.

The green coloring matter of the vegetable world presents as much difficulty to the scientist as the red coloring matter of the animal kingdom. Chlorophyll and hæmoglobin may be regarded as complementary bodies in their behavior to light and in their chemical action. Iron plays an important part in the coloration and composition of hæmoglobin, and M. Timiriazeff has recently considered that the color of chlorophyll may be due to the presence of iron in the form of the magnetic oxide ($\text{Fe}_2\text{O}_3\cdot\text{FeO}$). He has noticed that when a solution of faded chlorophyll is acted upon by the hydrogen evolved in a nascent state by the action of an organic acid on metallic zinc, the resulting product is perfectly colorless, and, when examined spectroscopically, presents none of the characteristics of chlorophyll. The colorless product, however, gains a green aspect if exposed to the air, and it then acquires all the properties of chlorophyll.

Quinoline from Coal-Tar.

Mr. PERKINS in an interesting paper on the History of Coal-Tar Color Industry, *Med. Press*, September 9th, tells us, "That there is a very remarkable new manufacture growing out of the coal-tar color investigations, and this is the preparation of derivatives of quinoline as substitutes for quinine. Although much of his time has been devoted to the study of quinine itself, he has not succeeded in producing it artificially, neither has he discovered any new bodies which are thought to possess valuable medicinal properties. Nevertheless, the formation of quinoline must be regarded as a rather remarkable development from this industry, seeing that it is owing to experiments made for the artificial formation of quinine that it owes its foundation. So far as the color-producing industry itself has gone it has now furnished not only all the colors of the rainbow, but also produced the more sombre colors, not the less useful, and colors possessing different properties which fit them for special uses.

The Antidote to Daturine.

A Hungarian physican being called to a child of four who was in a comatose condition from having eaten, as her playfellows said, two handfuls of the ripe berries of the thorn apple (*Datura stramonium*), and in whose vomit the berries could be plainly detected, gave pilocarpine hypodermically, thinking that as that had proved successful in atropine poisoning it ought to be useful in datura poisoning also. He began with the fourteenth of a grain, and as no effect was produced he increased the dose to a seventh. As improvement was now evident this was repeated. Altogether in five hours he gave six-sevenths of a grain, and by that time the child was convalescent. No physiological symptoms of pilocarpine were produced until the last dose was given, which was followed by profuse secretion of saliva and perspiration. The author therefore concludes that five-sevenths of a grain of pilocarpine had been required to neutralize the daturine, its own physiological action not coming into play until that was completely effected. He thinks that this case sufficiently demonstrates that pilocarpine is antidotal to daturine.

A Huge Dose of Pepsine.

Dr. W. H. RASSMAN relates a case of poisoning by pepsine in the *Med. Record*, Sept. 26th. The patient was a man suffering from dyspepsia, for whom he had prescribed five drachms of pepsine to be made into twenty powders, one to be taken after each meal and to be followed by a dose of hydrochloric acid. The patient was of a practical turn of mind, and, having read somewhere that pepsine was inert, determined to test the matter himself. Accordingly he emptied the powders into one mass and swallowed the entire five drachms. This was done in the evening, shortly before retiring. In about an hour he was seized with an intense burning pain in the epigastrium, accompanied by nausea, and three hours later with violent colicky pains and diarrhœa. These symptoms continued until nearly noon of the following day, when they disappeared, leaving only a moderate amount of nausea, burning in the epigastrium, and a feeling of exhaustion. There was no vomiting. Dr. Rassman did not see his patient until after he had recovered, and nothing had been taken to counteract the effects of the drug. The

pepsine had been procured from a reliable apothecary, and there was no reason to suspect that it was not pure and of full strength. The solution of hydrochloric acid was not touched.

A Case of Hornet-Sting.

In the *Indian Med. Gaz.*, Dr. W. CONRY reports the case of a man who was stung by a hornet on the left antero-lateral region of the neck, about one and a half inches above the clavicle. As it occurred about 7 a. m., and within a few yards of the Regimental Hospital, Dr. Conry saw him within ten minutes of the occurrence. He was pulseless; surface cold and clammy; heart-sounds through the stethoscope slow, indistinct, convulsive; breathing slow, noiseless, and superficial. He lay motionless, with closed eyes, but on being addressed in a loud tone, opened his eyes and tried to speak. The pupils were dilated. Under the ordinary remedies reaction set in about twenty minutes later, and he vomited once. The sole puncture was plainly visible, but, excepting slight pain, no local effect was noticeable. In two hours he was as well as ever. He was a tall and robust man. The hornet was medium sized, bright yellow, with black stripes.

Diphenylamine.

The *American Journal of Pharmacy* for October tells us that diphenylamine, $(C_6H_5)_2N H$, is a very delicate reagent for the detection of nitrogen acids for free chlorine. H. HAGER recommends two solutions as being convenient for use - 1, 1 gram of diphenylamine in 30 cc. of absolute alcohol, and, 2, a mixture of 1 volume of this solution with 5 or 6 volumes of pure sulphuric acid, as diphenylamine sulphate. Both solutions are yellowish, and the latter becomes blue in the presence of nitrogen acids and other oxidizing agents.

For the detection of chlorine, place 3 or 4 cc. of the suspected liquid in a test-tube of 1 cm. width and pour 1 to 1.5 cc. of sulphate of diphenylamine carefully down the side of the tube, so as to let it collect on the bottom. According to the quantity of the chlorine present, a blue coloration will be observed between the layers of the two liquids, or the whole of the lower liquid will be colored blue. Very slight traces may be detected if to 3 or 4 cc. of liquid 1 to 5 cc. of diphenylamine sulphate be added with the care stated above, so as to have two layers. Place the tube upon a sheet of white paper and shake well; a transient blue coloration, rapidly vanishing, will be observed; somewhat larger traces of chlorine show the blue color for a longer time.

Poisonous Effects of Cocaine.

Dr. JEROME K. BAUDWY thus writes in the *N. Y. Med. Jour.* Sept. 26: In concluding a study of the phenomena produced by the poisonous effects of this drug, I may say that the most alarming are, the most debasing enslavement of the will, a general demoralization which is as diabolical as it is indescribable, and which tends rapidly toward depravity and to the development of everything that is degrading and ignoble in human nature. The influence of alcohol and of other alkaloids and narcotics, so well known and so frequently described, pale into insignificance when compared with that of cocaine. Habits of the most detesta-

ble character; a settled indifference to every interest of life; destruction of the most noble affections and affiliations; the utter death of friendship and of all the nobler qualities; complete disregard of all social and domestic duties, of even pressing family necessities and the common interests of daily life; the radical extinction of every previous religious spark that has enlivened the soul; the development of the most intense selfishness—these are the certain results of indulgence in this the most powerful and devilish drug which it has ever been the misfortune of man to abuse. The most powerful morphine habit of which we can conceive is to the power and bondage of cocaine as the weakest sapling to the full-grown oak.

Phosphoric Acid from Slag.

A process for utilizing the phosphoric acid from the basic Bessemer process has been discovered by Blum in Luxemburg. Instead of adding lime to the iron during the blow, he adds carbonate of soda free from sulphur. This is introduced into the converter in a melted state, in the proportion of 5.13 parts to every one part of silicon; then the pig iron is run in and blown as usual, when the slag is tipped out into an iron wagon. This slag contains phosphate and silicate of soda, and according to the nature of the lining it also contains more or less iron, manganese, lime, magnesia, and sulphur.

It may be used at once direct as a manure; or it may be treated first with cold water to extract phosphate of soda, which has a market for many purposes, after which silicate of soda may be extracted by hot water and used for making water glass, and the metallic residue may be used for making ferromanganese.

A pamphlet by the inventor undertakes to show that the process can be worked at a profit. At Creusot, in order to save carbonate of soda in working extra silicious pig iron, lime is first added to combine with the silica formed, and thus slag is removed, after which carbonate of soda is added and a second period of the blow takes place, the phosphoric acid combining with the soda as above. It is stated that vanadium to the value of several millions of francs is lost every year in the slags at Creusot, and that this could be separated from the first extract of the soda slags by cold water.

Poisoning by Chloroform Internally Administered.

Dr. J. M. LATTA, of Millerton, Kans., reports to the *Med. Record*, Oct. 8th, the case of a boy, six years of age, suffering from tapeworm, for whom he ordered a mixture of one part chloroform in three parts simple syrup, of which one teaspoonful was to be given every hour until four doses had been taken. By mistake the parents gave the mixture in tablespoonful doses. Twenty minutes after he had taken the fourth dose of the mixture the boy said the medicine was "about to kill him;" he reeled like a drunken person and vomited violently, throwing up mucus tinged with blood. The child was rational when first seen by Dr. Latta, and said that his stomach hurt him, but in a few minutes he became unconscious. The pupils were normal, the breathing easy, and the pulse a little accelerated but regular, and rather full and bounding. The face was covered with an even red flush, arterial in tint. The temperature was not taken.

It was impossible to arouse the boy by calling or shaking him. All the pillows were removed, the body was placed straight, and all constricted portions of clothing loosened, and fresh air was freely admitted into the room. The pulse and respiration were carefully watched, but as they furnished no special indications for treatment, nothing more was done. The pulse became gradually less rapid, the flush disappeared from the face, and in an hour and a half the boy awoke and expressed himself as being all right. A saline was administered a few hours later and the bowels were moved, but there was no appearance of any tapeworm.

A Case of Opium Poisoning: Recovery.

Dr. JAS. VINCENT FITZPATRICK thus writes in the *Brit. Med. Jour.* (October 3d): On June 13th, about 9 P. M., I was summoned, in all haste, to a woman who had taken a quantity of laudanum. On my arrival, I found that, about twenty minutes or so previously, she had swallowed a wineglassful of laudanum. She was walking about quite sensible, assuring me she was "all right." With some difficulty, I succeeded in giving her a hypodermic injection of apomorphine (one-tenth of a grain). I also ordered her to be removed into the garden, the house being very close. In about five minutes afterwards, she vomited freely, and became quite prostrated. I slapped her face with a towel dipped in cold water, then, with the assistance of her husband, lifted her up and down the garden. Five minutes later she again freely vomited. I gave her ether subcutaneously, which seemed to rouse her; after which, coffee in small quantities, with a little brandy, was frequently administered, as soon as she had sufficiently recovered to swallow and retain it. This line of treatment was continued until 11 P. M., when the patient had so far recovered as to be able to walk, though in a very shaky manner. I visited her an hour later, and found her still better. Next morning, on seeing her, she said she felt "very funny." I have seen her frequently since, and she told me she had taken "a wineglassful topped up," fully two ounces of laudanum, which she had procured at the chemist's. Had it not been for the speedy action of the apomorphine, I feel confident that she would have succumbed before I could have procured or used a stomach-pump. The ether seemed to rally her quickly after its use.

Acute Foxglove Poisoning—A New Antidote.

Dr. J. B. SULLIVAN thus writes in the *Therap. Gaz.*, Oct. 15: Nearly or quite *three* drachms of the fluid extract of digitalis was taken through mistake by a man nearly 50 years old. Vomiting, induced with mustard, warm water, and other emetics, was kept up for one hour. During this time patient said, "I have not tasted the digitalis." He was told by his attending physician, "You are past all danger." His friends were not content, and had sent for me; I got there about thirty minutes after his M. D. (?) had left. I found the man very weak, with every symptom of fatal poisoning. I learned what had been done; therefore I saw at once something must be done, and that promptly. The patient was very pale, skin cold, and apparent muscular feebleness, with great prostration, confusion of sight, headache, and giddiness; dilation of the pupils, and almost complete loss of their sensibility. For the last half hour he had vomited only

the warm water given him. I ordered a half-pint of sweet milk to be drunk at once. In about ten or fifteen minutes I induced vomiting; up came the *curdled* milk, with a strong scent of digitalis to me, and a strong taste of it to the patient; for, said he, "That is the first taste of the digitalis I have had since I swallowed it." I gave the same amount of milk three different times; induced vomiting each time. The smell and taste of digitalis came each time except the last. The next day nearly all bad symptoms were gone. During the next week his voice was quite hoarse. My view of the milk treatment as an antidote for vegetable liquid poisoning is, *the milk goes into the stomach a liquid*, then forms into a curd, which picks up the poison, then by vomiting the poison is brought up. Patient relieved and life saved.

The Manufacture of Oxygen.

The *Pharmaceutical Record* for October, tells us that the chemical wonder of the London Inventions Exhibition is said to be the manufacture of oxygen by the process of Brin Frères. They have made what is really an artificial mineral lung of anhydrous oxide of barium, and with this, by an ingenious process, they simply take up the oxygen from the atmospheric air. First, the air is drawn by means of a partial vacuum through a vessel of quicklime, which absorbs all the carbonic acid and moisture, and reduces it to a mixture of oxygen and nitrogen. These gases are then drawn into the retorts, heated at 500° , and the artificial lung absorbs the oxygen, while the nitrogen is drawn off to a gasometer for conversion into ammonia, etc. The Brins have for the first time made the artificial lung indestructible. The use of baryta for the purpose is not unknown, but hitherto the baryta has been perishable, and has required renewal every twenty-four hours, at great expense. They make it virtually indestructible and unchangeable. In this way they claim to have effected an absolute revolution in chemistry, for, with a lung for the machine, and the atmospheric air for the material, they can make just as much oxygen as they like, and its uses, present and prospective, are almost innumerable and incalculable. For ventilation, aerating water without carbonic acid, for increasing the heat of blast furnaces and the light of lamps, its uses are self-evident. The nitrogen, which was at first looked upon as wasted, has, by a process due to the same inventors, been turned into ammoniacal salts for manure. Most of the uses of these products were known. What is claimed is the almost fabulous reduction in the cost of production. The chemical text-books, according to Messrs. Brin, are at fault as to the possibilities of baryta. They all teach that it is destructible, and the Brins maintain that, as they know how to treat it, it is indestructible. Oxygen in large quantities means a revolution in half the process of chemical industries.

Poisoning by Citrate of Caffeine.

Dr. EDWARD N. LIELL reports in the *N. Y. Med. Jour.* (Sept. 19th), the case of a woman who had taken eighteen grains of caffeine citrate within an hour and a half. The symptoms were great prostration and semi-unconsciousness, with cold extremities, clammy perspiration, and anæsthesia and slight paresis of the muscles of the hands and feet. Temperature normal; pulse 55, and somewhat irregular;

respirations diminished in number to 16 a minute, slightly irregular. Pupils but slightly contracted, responding readily to light. One thing remarkable was a persistent contraction of the flexor muscles of the fingers and toes, with paresis of the extensors, especially of the thumbs and great toes. There was a certain spasmodic action of the muscles of the calves of both legs, which, when conscious, she termed cramp-like pains. She vomited occasionally.

He immediately applied warmth, with revulsive measures to the extremities, and gave atropin. sulph., $\frac{1}{16}$ gr. (tablet triturates), hypodermically; also whisky, 3j every five minutes, administered cautiously in order to avoid exciting the vomiting. These measures of treatment were continued, repeating the atropin. sulph., $\frac{1}{16}$ gr., hypodermically, as before, in twenty minutes.

A change for the better was soon apparent. There was much intestinal pain, to relieve which warm turpentine fomentations were applied over the hypogastrium, the nausea and vomiting being relieved by the following:

R. Sodii bromid., 3 ss.
 Bismuth. subnit., gr. x.
 Acid hydrocyanic. dil., gtt. j.

M. This dose was repeated in fifteen minutes.

Tetanic seizures, which ensued, were controlled by chloral and bromide of potassium. She made a satisfactory recovery, bromide of sodium (thirty grains every four hours) being given for some two days.

Influence of Heat on the Action of Poisons.

The *Therapeutic Gazette*, Oct. 15, says that HESS and LUCHSINGER have investigated the peculiar dependence of the toxic effects of several poisons upon various thermal conditions of the body (*Centralblatt f. d. g. Ther.*, May, 1885). The substances examined were chloral, alcohol, thallium, platinum, and conine; the animals experimented upon were rabbits. Together with the rabbits experimented upon—i. e., artificially heated and then poisoned with one of the named drugs—two control-animals were used, one of which was only poisoned, the other only heated. The animals subjected to the greatest heat always died before those that were kept cold, while those kept at a moderately-elevated temperature lived longest—provided all animals were subjected to the same conditions of intoxication. All the poisons experimented with reduce the temperature, which of course, deepens the deleterious effects of the poisoning; hence moderately-warm animals will fare better than cold ones when being poisoned.

There are two explanations for the fact that the strongly-warmed animals died sooner than those having a moderate temperature. Either the warm tissues are more susceptible to the poisons, or the poisons are absorbed quicker under the influence of heat. Hyperæmia of the skin and the thus quickened local circulation would naturally induce this quicker absorption. The latter assumption is shown to be the correct one by experiments on two animals, one of which is being warmed and receives an intravenous injection of poison, the other is kept cold and receives a hypodermic injection of the same poison. The latter animal always succumbed sooner than the former.

Other experiments went to show that the power of oxidation of the organism,

and consequently the tissue-changes, were greatly reduced under the influence of these poisons. The identity of thermal and oxidative processes is established by the fact that both experience the same reduction through these poisons.

Poisoning by Benzine.

The London *Med. Record*, Oct. 15th, says: 'At a recent meeting of the Kazan Medical Society, Dr. A. N. KAZEM-BEK communicated (*Dnevnik Kazanskaho Obshtchestva Vrachey*, No. 10, 1885) a very rare fatal case of benzine poisoning. The case was that of a retired soldier, an habitual excessive drunkard, who had mistaken benzine for *vodka* (aqua vitæ), and drank three drachms of the fluid. Though sober at the time, the patient did not discover his mistake, since he had absolute loss of smell and taste (as may be seen from the fact of his having taken with relish several glassfuls of an infusion of horse excrements, which his relatives had given him as *vodka* on several occasions, with curative aims in view). In about ten or fifteen minutes, the patient lost consciousness. Two hours later the author found him in a comatose state, with reactionless, slightly dilated pupils, insensible cornea, general anæsthesia, trismus, irregular, stertorous breathing, hardly perceptible pulse, coldness of the body, paralysis of all four limbs, great distension of the belly. Later on, myosis of an extreme degree (as if from opium) appeared. The patient died in a comatose state about 17½ hours after the ingestion of the poison. The exhalation of benzine by the lungs was so intense as to produce extreme giddiness in the author (after four hours' stay with the patient), and nausea with vomiting in the patient's brother. On the *post mortem* examination, there were found congestion of the meninges, sinuses, and the ependyma of the ventricles; accumulation of serous fluid under the pia mater and in the ventricles; congestion of the pharyngeal, laryngeal, and tracheal mucous membranes, and of the lungs; about an ounce of dark fluid in the right cardiac ventricle; chronic catarrhal changes in the mucous membrane of the œsophagus, stomach, and intestines; finally, an odor of benzine in all the organs and cavities of the body. The author concluded that death was caused by asphyxia. While pointing to the absence of any characteristic lesions, he expresses his belief that the specific odor which permeates the whole body is the single criterion for recognizing a case as that of benzine poisoning.

Aniline Poisoning.

Dr. GOVAN reported a case before the New York State Med. Soc., 1885. The accident was caused by the breaking of a carboy of aniline oil which the patient was engaged in removing, and he remained in a stertorous sleep for a number of hours, while there was complete anæsthesia of the entire cutaneous surface. Under the use of aconite and tonics, he gradually improved; but three days after the accident he complained of pain in the bladder, and a hemorrhage from the latter commenced which continued for two days, when it was finally checked by the use of a solution of tannic acid in tincture of uva ursi.

The President asked whether Dr. Govan attributed the general anæsthesia in the last case to the effect of the oil. The anæsthetic effect of carbolic acid is well known; but it is probably not as generally known in the profession as it

deserves to be, that this agent is one of the best possible applications that can be made in cases of burns. A few years ago, attention was directed to this use of carbolic acid by Dr. Squibb, and he had recently had the opportunity of testing the efficacy of the remedy in his own person. He had a quite severe burn of the finger, which destroyed the true cuticle in one part; but the pain was almost instantly relieved by dipping it in a solution of one drachm of impure carbolic acid (containing 96 per cent. of the acid) to the quart of warm water, as suggested by Dr. Squibb. He had also used it with very happy effect in the case of a little girl, in which the burns covered a very large portion of the surface of the body.

Dr. Govan remarked that the anæsthesia is undoubtedly due to the effect of the aniline oil, and that since he has met with this case he had used the oil very successfully for the purpose of producing local anæsthesia when laying open felons and performing other minor operations. There is absolutely no pain, even in cutting down to the bone, when the finger has first been dipped for a short time in the oil.

Dr. C. S. Wood, of New York, said that in New York at least carbolic acid had been very largely used in the treatment of burns ever since Dr. Squibb had called attention to the matter. He thought it probable that the anæsthesia in Dr. Govan's case had been caused by the oil, but that the comatose condition resulted from the inhalation of the vapor of naphtha arising from it.

III. MATERIA MEDICA AND THERAPEUTICS.

Andirine, a New Anthelmintic.

The *National Druggist* says that the active principle of *andira inermis*, a glucoside called andirine, is said by Midy to be a most certain anthelmintic. A decoction of the bark is also recommended as a vermifuge in the *Gazzetta degli Ospitali*. It is made by boiling 30 parts of the bark in 250 parts of water until the decoction has a fine wine color. The dose of this decoction for an adult is about 2 ounces (60 grams), taken in the morning, fasting.

A New Cardiac Sedative.

Dr. G. BUFALINI gives an account in the *Gazzetta degli Ospitali*, of August 12, 1885, of some experiments with *coptis teeta* or *mameeran* upon the heart of the frog. This plant is a native of China, belonging to the family of *ranunculaceæ*, and is used as a stimulant of the digestive functions. The author found its effects upon the heart to consist principally in a slowing of the pulsations, leading finally to complete arrest of cardiac action in systole. And he, therefore, classes it in the same pharmacological group with digitalin.

Capparis Coriacea, a Nervine and Anti-Epileptic.

The *National Druggist* says that a new Anti-Epileptic and Nervine, said by the Spanish and South American medical journals to be of great value, is the fruit of a species of caper, the *capparis coriacea*, a native of Peru. It is used in the shape of an infusion, 3 drams of the powdered fruit infused in good red wine being a dose. It undoubtedly possesses considerable sedative power and is valuable in hysteria and similar nervous disorders, and is relied upon by native physicians as a powerful agent in preventing epileptic attacks.

Salix Nigra as a Sexual Sedative.

Dr. F. F. PAINE, of Comanche, Texas (*Medical Age*), speaking from five years' experience with this drug, states that during a practice of fifty years he has not used a remedy that has yielded more satisfactory results. He recommends it particularly as an anaphrodisiac and as a remedy for ovarian irritation, including certain cases of dysmennorrhœa. He gives teaspoonful doses of Parke, Davis & Co.'s fluid extract of the buds three times a day. He thinks it has something of a specific action on the nerve supply of the sexual apparatus in both men and women.

Salicylate of Methyl.

The *Med. Press*, September 9th, tells us that: Salicylate of methyl has been proposed as a therapeutic agent to supersede salicylate of soda. It colors salts

of iron violet, is insoluble in water, of a light yellow shade, and has an agreeable smell. It has been proved to have no effect on cold-blooded animals (the frog, etc.), except when it is applied in subcutaneous injections in large quantities at the same time as the animal is breathing air, charged with salicylate of methyl. The silver absorbed is partly distributed in the system, and partly discharged by respiration and the other forces of nature.

A Hæmostatic.

In the *Memorabilien* a decoction made from the common stinging nettle is strongly recommended by ROTHE as a local hæmostatic. The young plants are gathered in spring; the stalks, leaves, and flowers chopped up, and digested in 60 per cent. alcohol for a week, then pressed and filtered. The filtrate is applied by means of a piece of wadding soaked in it. By this means the author has succeeded in stopping very obstinate bleeding from the nose and other parts, even where liquor ferri perchlor, has failed, and employs his liquor hæmostaticus by preference in herniotomies, tracheotomies, minor amputations, discission of the cervix uteri, etc.

Parthenine as a Febrifuge.

The *medico-quirurgica de la Habana* tells us that Dr. TOVAR, a Cuban, has experimented with the parthenium hysterophorus, a plant which is much used by the country people of Cuba in the form of an infusion as a febrifuge. Physicians, as well, in the central districts of the island have employed it to advantage as an antiperiodic. Among the substances which the plant contains is partheñine. This appears in dark-colored scales, which color water yellow and give to it an aromatic taste. This substance the writer administered to eighty patients, in whom quinine was indicated. It produced a rapid diminution of the fever. The maximum dose was thirty grains.

Sedative Cough Mixture.

In the *Therapeutic Gazette* Dr. H. C. WOOD recommends the following as the most efficient cough mixture he has ever used:

℞. Potassii citratis ʒj.
 Succ. limonis, ʒij.
 Syrup. ipecac., ʒss.
 Syrup simplic., q. s. ad ʒvj. M.
 Sig. A teaspoonful from four to six times a day.

When there is much cough or irritability of the bowels, he adds a sufficient quantity of paregoric.

Peroxide of Hydrogen in Diphtheria.

The *Lancet* says that Dr. F. VOGELSANG has had excellent results from the treatment of diphtheria with peroxide of hydrogen. He gave it to two children who had a severe attack with albuminuria and a high temperature, and found that the false membrane had all disappeared during one night, and the cure was complete in a few days. The abdomen was washed with cold vinegar and water, and cold

water poured over the head and neck, a little brandy being given internally, and a teaspoonful every hour of a mixture containing seven ounces and a half of the 2 per cent. solution of peroxide of hydrogen, with forty-five minims of glycerine. The peroxide is not poisonous. Its taste is somewhat sharp, and is well corrected by glycerine.

Capsicum Annum in Delirium Tremens.

The *Weekly Med. Review* tells us that DULÁCSKA reports in the Pesther Medicin-Chirurg. Presse on four cases of delirium tremens treated with capsicum annum. One of the cases was complicated with pneumonia, a second by extreme motor and psychical restlessness. The result in all the cases was more prompt than after giving chloral. Two grams of the powder were given every hour; after the fourth dose sleep came on, together with profuse sweating, voidance of urine and diarrhœa.

The mode of action is surmised by Dulácska to consist in a reflex action of the intestinal irritation upon the pneumogastric, resulting in slowing of the heart's action. The venous circulation becomes more tardy and the consequence is sleep and profuse secretion of urine.

Properties of the Quillaya Bark.

In the *Centralblatt für klin. Medicine* we read that the two glucosides which exist in Senega root and give to it its medical properties, are found, it appears, five times more abundant in the quillaya bark. This fact induced Dr. KOBERT, of Strassburg, to substitute the latter bark for Senega in the treatment of diseases of the respiratory organs. Its action as an expectorant appears well established, and its administration provokes neither diarrhœa nor vomiting, and is much preferred by the patient. Children take it readily on account of the sweetish taste of the decoction, which differs materially from that of Senega. Dr. Kobert advises its administration in decoction, made with five grammes of the bark to two hundred grammes of water. The dose for an adult is a desert-spoonful every hour—for a child a teaspoonful.

The Therapeutic Value of Phormium Tenax.

Mr. FRANCIS A. MONCKTON, surgeon-superintendent Kumara Hospital, has recently published the result of his experience with phormium tenax. He states that from 1869, when the properties of the plant were first made known, till the present, he has used it in hundreds of cases, including lacerations and amputations of every description, and he has no hesitation in saying that there is nothing in England that can equal it in producing healthy granulations. He uses a strong decoction made from the roots and the butts of the leaves boiled for twelve hours. The decoction readily ferments, but may be kept any length of time by the addition of about an ounce of equal parts of carbolic acid and glycerine to every quart. Mr. Monckton gives particulars of several cases in which the value of the remedy is shown, and we may conclude that this botanical product of New Zealand will prove a valuable auxiliary to the surgeon as soon as its therapeutical effects have become generally known.

Improved Solution of Osmic Acid for Injection.

The *St. Petersburger Med. Woch.* says that osmic acid is very expensive, and if dissolved in water alone, the solution changes color after three or four days, and shortly afterwards becomes unfit for use. A Russian physician Dr. SCHAPIRO, finds that if glycerine—which, by the way, must be chemically pure—is added to the solution, it will keep for some weeks. He advises the proportions osmic acid 1, distilled water 60, glycerine 40. He has injected this under the skin of the face without any untoward result. His treatment of neuralgia of the fifth nerve by means of injections of osmic acid has been very successful, five out of eight cases of long standing, which had resisted other methods of treatment, having been completely cured, while two were relieved. Only one case was unrelieved, and here some central disease of the nervous system was believed to exist.

Tanghin.

The *N. Y. Med. Jour.*, Oct. 3, tells us that this ordeal poison of Madagascar, derived from the apocynaceous tree variously named by botanists *Cerbera venenifera*, *C. Maughas*, *C. tanghin*, *Tanghinia venenifera*, and *T. veneniflua*, has been made the subject of experiment by M. C. E. Quinquaud. Its action on the central nervous system is specially characterized by an exaltation of the bulbo-spinal reflex activity. After a certain number of experiments on animals, M. Quinquaud administered an extract to a man, in doses ranging between three quarters of a grain and a grain and a half, in various diseases, notably toxic paralyses, tremor, intestinal atony, and incontinence of urine. Satisfactory effects were obtained, but only on condition that the use of the drug was ceased as soon as the patients experienced headache, nausea, vomiting and a certain amount of debility.

Ficus Doliaria in the Treatment of Miners' Anæmia.

Bouchut ("Paris Méd."; "Nouveaux Remèdes") describes doliarina as a powder prepared with the juice of the *Ficus doliaria*, a plant indigenous to Brazil, where the *Ankylostoma duodenale* (the parasite which causes miners' anæmia) prevails endemically. The powder contains also aromatics and iron. The dose for an adult is a drachm three times a day. In the case of a patient treated by Bäumlér the ingestion of the first few doses was followed by borborygmi with pains in the upper part of the abdomen. The next day there were several loose stools, and the evacuations contained great numbers of the ankylostoma. On account of the patient's general condition, due to phthisis, the treatment soon had to be suspended, but it was afterward resumed with success. Bäumlér remarks that doliarina, although slower in its action than male fern, and doubtless less energetic in dislodging the parasite, involves no danger, while the use of male fern demands great care. The juice of the *Ficus doliaria* contains vegetable pepsin, which digests the worms, so that, like papain, it is a worm-consumer (*vermivore*).

Balsam of Peru and Oil of Turpentine in Diphtheria.

Dr. ROBERT OFNER makes reference in "Centralblatt fuer die gesammte Therapie" to the treatment of diphtheria with oil of turpentine. He reports sixty

cases in which he used the balsam of Peru locally. The balsam was diluted with alcohol and turpentine added. He claims that application of this mixture with a soft brush will cause the patches to clean off rapidly and reduces the inflammatory condition in three or four days. But two cases of the series died; and that it was genuine diphtheria he dealt with is proven by paralysis of deglutition, strabismus, etc., that developed as sequels. Ofner recommends in addition a gargle of chlorate of potassium if the child is old enough to use it. Internally he generally employs the following:

- R. Vitelli ovi. No. I
 Aq. dest. q. s.
 Pv. emulsione.
 Ol. Terebinth gtt. decem 2.0 grm.
 S. A teaspoonful every two hours.

Adonis Vernalis.

The action of the *adonis vernalis* was first studied by Bubnoff, who published some observations on its clinical uses in 1881. More recently, however, some further observations have been made, an account of which is given in the *Naples International Journal of Medical Sciences* by Dr. Gastano Traversa. The following are some of the more important conclusions at which he has arrived: The drug increases and strengthens the contractions of the heart. It causes the cardiac sounds and especially systolic and presystolic murmurs to become more distinct. It diminishes the size of the heart. It usually slows the pulse. It increases the quantity of urine passed from three or four hundred to two or three thousand cubic centimetres per diem, the specific gravity being diminished, also the total diurnal quantity of chlorides and urea. Albumen where it exists is diminished, likewise casts, except where actual disease of the kidneys exists. As the quantity of urine increases the weight of the body diminishes. Œdema also is diminished. The drug has also a considerable effect on various morbid conditions connected with the cardiac disease, as cyanosis, dyspnœa, palpitation and cough.

Urethran in Insomnia.

Dr. R. v. JAKSCH, privat-docent and assistant in the first medical clinic in Vienna, has made a number of observations on animals and in the wards on the action of urethran lately described by Dr. Kobert, of Strassburg. It is a white crystalline substance without smell, and something like saltpetre in taste. It dissolves readily in water, and has the formula $\text{NH}_4\text{CO}_2\text{C}_2\text{H}_5$. It does not appear to be a poison, as when given to rabbits in doses equal to a two-thousandth of their weight, no ill effects were observed; 110 observations were then made on its hypnotic effect on 20 different patients with various diseases associated with a greater or less degree of insomnia. Amongst them were cases of phthisis, chronic rheumatism, paralysis with cardiac disease in which both morphia and chloral were contraindicated, carcinoma of the rectum with carcinomatous peritonitis causing severe pain, and aneurism of the aorta. The author at first gave doses of .25 gramme (about 4 grains), but found that that quantity produced scarcely any decided hypnotic effect. He then increased it to .5 gramme (about

8 grains), and with this, nearly always succeeded in giving the patient a few hours quiet sleep, sometimes commencing immediately after the dose was taken, and sometimes being delayed for an hour or an hour and a half.

Pilocarpine in Sudden Loss of Hearing.

Dr. THOMAS BARR reports in the *British Medical Journal* material improvement in two cases of sudden loss of hearing from the hypodermic use of pilocarpine. The trouble was in the nervous structure of the ear. He has used it in labyrinthine trouble coming on gradually, but with no effect. Politzer, who was the first to propose this remedy, used it chiefly in cases of nervous disease of recent and sudden occurrence, and especially in those of syphilitic origin. As to the explanation of the therapeutic action of pilocarpine, we can only assume that it has an especial power of stimulating the absorbents in contact with the effused products before these have become organized. It seems to have a more decided action upon the intracranial absorbents; and the vascular and lymphatic supply of the labyrinth is in reality the same as that of the interior of the cranium. If this view of its action be correct, it would be reasonable to employ this method of treatment more generally in cases of cerebral apoplexy.

Solution of Cocaine in Petrobaseline.

M. PIERRE VIGIER, in one of his pharmaceutical articles in the *Gazette Hebdomadaire*, July 17, calls attention to the great value of a new vehicle for the administration of cocaine. It is a liquid hydro-carbon formed from vaseline by depriving it of the 25 per cent. of paraffine which it contains, and which gives it its consistence. It is a new prodigy of industry to which a manufacturer has given the name of *pétrobaseline*, and is now obtainable at all druggists at two or three francs the kilogramme. It is an inodorous and colourless liquid, resembling clear water in appearance; it is volatile at a high temperature, insoluble in water, and yet does not grease. It possesses the power of dissolving the carburetted hydrogens, while it is less inflammable than they are. It lubricates all bodies, and preserves them from oxidation; and, in fact, is a marvellous agent, endowed, as it is, with the principal properties of water, alcohol, glycerine, and the fixed oils. It is destined to have many applications, and already perfumery has made great use of it, and it cannot be too soon introduced into medicine and pharmacy. A solution of cocaine may be made by adding 1 gramme of this to 40 grammes of petrobaseline. This is to be dissolved by aid of a very gentle heat, and then filtered or allowed to deposit. This solution is unalterable and is convenient in application. When the price of cocaine has diminished, it will be able to be employed in the proportion of 1 gramme to 25, which is the point of saturation.

The Krakenheil Treatment.

The *Lancet*, October 31, says that Krakenheil is situated in a beautiful valley of the Bavarian Alps, about thirty miles to the south of Munich. Its mineral springs contain iodine, sulphur, and bicarbonate of soda, and are recommended in the treatment of chronic skin affections, obstinate sores, or old ulcers, fibroid tumors of the uterus, and tertiary syphilis. From the residue obtained from the

evaporation of the waters of the springs the Krakenheil soaps are prepared. No. 1 is an iodide of sodium toilet soap, very bland and soothing, and well adapted for the production of a soft, white, smooth skin. It is especially recommended for those who suffer from freckles, chaps, etc. No. 2 contains iodide of sodium and sulphur, and is useful as a general application in many chronic skin affections. No. 3 is also an iodide of sodium and sulphur soap, but of extra strength and activity. It is said often to effect a cure after the failure of the other forms. The soaps are used not only in the ordinary way in baths, but for preparing poultices, embrocations, and other local applications. Although it has been found impossible to make an investigation on the scale the subject deserves, we have arrived at a conclusion which is on the whole favorable to the claims set forth, and are convinced that the matter is worthy of investigation. No. 1 is an excellent ordinary toilet soap. Full particulars of the cure may be obtained from the director of the Iodide of Sodium and Sulphur Springs, Krakenheil Tölz, Upper Bavaria.

Ergotin in the Treatment of Landry's Paralysis.

The *N. Y. Med. Jour.*, Oct. 3, tells us, that Dr. SORGENFREY, a Russian physician ("Neurol. Ctrbl.;" "*Dtsch. Med.-Ztg.*"), relates the case of a patient, fifty seven years old, who was attacked, about a week after exposure of his back to a drenching rain, with a sensation of heat, prostration, loss of appetite, and a sense of weight in the lower limbs. Weakness in locomotion culminated in perfect paralysis of all the limbs, dyspnoea, impeded speech, dysphagia, etc. The sensibility was normal. There was no pain. The cutaneous reflexes were present, but the patellar reflex was absent. The urine was normal; the bowels were constipated. No account is given of the electrical reaction of the muscles. Leeches to the anus, dry and wet cups to the lumbar region, cold compresses, and laxatives produced no effect, and death seemed imminent. As a last resort, the following was ordered:

Bonjean's ergotin	19 grains.
Cinnamon water	2 ounces.

A teaspoonful was given every hour, and the whole was used in the course of a night. The next morning the bulbar symptoms had disappeared, and within a week, without further medication, the patient was well.

Treatment of Habitual Constipation.

Dr. WILLIAM MURRELL thus writes to the *Brit. Med. Jour.*, September 19: I have recently been using the Friedrichshall water in a variety of cases, in hospital practice, and I find it to possess the same valuable therapeutical qualities which explain and enhance its long established reputation as a favorite aperient in habitual constipation, and in the wide range of cases in which it is desirable to employ a laxative of mild character, and fitted for continued use. Friedrichshall has a special constitution, which secures to it marked preference over the ordinary sulphate of magnesia waters, and over the ordinary in general use. Its special advantages are probably largely due to its combination of chlorides with sulphates. It is not merely a saline aperient, but it has valuable properties

in influencing tissue-change and promoting excretion of uric acid. Thus its use is attended with excellent results in cases of congestions of the liver and kidney, as a corrective of the digestion, and as what may be familiarly described as a tonic-aperient. Friedrichshall realizes in practice the valuable curative powers ascribed to it by the eminent German physicians with whom it has long been a standard prescription. I hope shortly to publish, in a more detailed form, the results of clinical experience, which indicate the special advantages of Friedrichshall to which I refer.

Cocaine in Sea-sickness and Cholera Nostras.

The *Brit. Med. Jour.* tells us that Professor MANASSEIN, of St. Petersburg, has been making observations on the value of cocaine in sea-sickness and in cholera nostras. Amongst his fellow-passengers during a voyage he took this summer, were a lady and gentleman who always previously suffered severely from sea-sickness. A teaspoonful of a solution of cocaine, of the strength of one in a thousand, was administered, as a prophylactic, every two or three hours, from the commencement of the voyage. Although for forty-eight hours the weather was very stormy, they, for the first time in their lives, were entirely free from sea-sickness, and were able to enjoy their meals thoroughly. A child of six, who had begun to be sick, was given half-drachm doses of the cocaine solution. After having taken two doses within half an hour, the child recovered completely, and played about all day in spite of the storm, taking a half-drachm dose every three hours. To a girl of eighteen, who suffered very severely, two-drachm doses were given, at first every half-hour. After the second dose, she began to improve; and, after she had taken six drachms, was able to laugh and joke, and began to feel hungry; she continued well the whole voyage. The supply of cocaine not being large, Professor Manassein was unable to give it to all his fellow-passengers; but its effects were so marked on the seven cases in which he employed it, that he is convinced that it is a most valuable remedy for this affection. He has also given cocaine with complete success in two cases of cholera nostras, in which dangerous collapse had already appeared.

Urtica, a New Hemostatic.

The *Cinn. Lancet and Clinic*, October 17, tells us that Dr. C. G. ROTH has lately made some experiments with the ordinary nettle, *urtica dioica*, by applying the expressed juice externally. The young plant is gathered in the spring, the leaves, stems and flowers soaked in a 60 per cent. alcohol for one week and them expressed and filtered. The filtered solution is a dark, greenish-brown fluid with an aromatic odor and taste. When applied with absorbent cotton upon bleeding surfaces it arrests hemorrhage promptly, especially if parenchymatous or emanating from small vessels. The blood is converted into a soft homogeneous, not friable, coagulum which seems to enter the capillaries and other small vessels and thus arrests hemorrhage. In epistaxis a cotton plug saturated with this fluid is passed into the nostril and brought in intimate connection with the bleeding surface; if necessary it may be held in place by means of a second dry tampon placed behind it. If the bleeding is at once arrested the plug may be carefully removed after ten minutes. If, however, the blood coming from a larger

vessel should continue to ooze through the tampon, the latter may be replaced by a new one. It is, however, rarely necessary to resort to a change and in several hundred instances the author has never seen a case where the hemorrhage was not controlled within half an hour. This new hemostatic liquor has the great advantage over the liq. feri perchloridi that causes no friable decomposing coagulum. On account of its alcoholic nature, it also possesses antiseptic properties and is very serviceable as an application to freshly incised wounds, where it not only arrests hemorrhage immediately, but also secures rapid union when applied with a cotton compress.

A New Material for Mercurial Frictions.

The *National Druggist* says : The use of mercurial frictions in the treatment of syphilis and the syphilides is daily becoming more common among physicians. In the treatment of infantile syphilitic lesions especially, it is fast superseding any other form of administering mercury, and, therefore, any method which offers any improvement over the older mercurial preparations becomes of great importance, not merely to specialists, but to the general practitioner, and, consequently, to the pharmacists as well. Every one has had occasion at times to "bless" (euphemistically speaking) the old mercurial ointment of the pharmacopœias, and hence will note with pleasure the communication of M. YVON, the well-known French pharmacist, in *Le Scalpel*. M. Yvon proposes to replace the lard now used in making the ointment with black soap. One part of the soap takes up 3 parts of mercury in the most perfect manner and does it more rapidly than lard. The advantages of an ointment made by the new process are many and important. The soap obliterates the mercury more completely than lard ; it keeps for an indefinite period, neither separating nor rancidifying ; it retains its plasticity at all seasons, neither becoming too hard in winter, nor liquefying in summer ; it is non-irritant to the tenderest skin, and last, but not least, being perfectly soluble in water, it is removed from the skin by simple washing. These advantages are too numerous and important to be overlooked by the physician and pharmacist, and should the latter fail to see them and keep on hand a stock of ointment made by the new process, the former should not fail to specify it in his prescriptions.

Hyoscyamin.

A correspondent thus writes in the *Brit. Med. Jour.*, September 16 : I prescribe hyoscyamin frequently and without ill effects ; but, as it is a dangerous and powerful drug, the patient should be carefully watched. I have never used a smaller dose than one thirty-second of a grain, the usual dose in adults being one-sixteenth for women, and one eighth to one-fourth of a grain for adult male. In small doses, it acts as a sedative and hypnotic for general restlessness or restlessness with excitement ; in larger doses, it is valuable in calming the excitement of acute mania. It is best administered by the mouth. A standard solution can be made of four grains to the ounce, of the same strength as liquor strychniæ, liquor arsenicalis, liquor morphiæ, etc. The crystals are to be preferred to the amorphous form, being readily soluble in a spirituous solution (two drachms of rectified spirit, six and a half drachms of water) which I call liquor hyoscyamiæ.

The symptoms are paresis of voluntary muscles, dryness of the throat, a drawling articulation, and dilated pupils. If these symptoms be exaggerated, an overdose has been prescribed, and stimulants with strong coffee, etc., should be administered; but in careful hands, such symptoms are not likely to occur. One dose is usually sufficient for calming the excitement of mania, although I have with less effect kept a patient under its influence for some days, one thirty-second of a grain being administered three times a day. The effect soon follows the administration. The immediate symptoms, such as dryness of the throat, giddiness, and the drawling articulation soon pass off, leaving the patient with dilated pupils, quiet and soothed. It quickens the circulation and lowers the blood-pressure; it should not be prescribed, except with great care, in heart disease. The price is about two shillings per grain. No drug is so valuable, to my mind, for the purposes for which it is used.

Formulae for the Use of Iodoform.

“*Nouveaux remèdes*” quotes the following formulæ from the *Courier médical*:

An Injection for Chronic Catarrh of the Bladder, Urethritis, etc.—

Iodoform	1 part
Glycerin	5 parts
Distilled water	100 parts.

For Hypodermic Injections in Syphilis.—

Iodoform	1 part
Sulphuric ether, } each	5 parts.
Olive-oil, }	

For Internal Use in Convulsions.—

Iodoform	18 grains
Iodide of potassium	1 drachm
Red wine	2½ drachms.

From three to fifteen drops are to be given, in a glass of wine, three times a day.

Pills for Bronchitis and Emphysema.—

Iodoform	1½ grain
Lycopodium	6 grains
Extract of phellandrium	15 “

Divided into ten pills. From three to five to be taken daily.

Santolina Chamæcyparissus.

T. MABEN thus writes in the *Chemist and Druggist*, September 15: Of recent years *Santolina chamæcyparissus* has, in certain quarters, received considerable prominence as a valuable remedy for worms. The plant was formerly much esteemed for its medicinal properties, but it had fallen almost entirely into disuse, and the credit of restoring its popularity belongs to the Rev. Dr. Kirk, of Edinburgh, after quoting a description of the plant from the “*Treasury of Botany*,” the author goes on to say that hitherto santolina has not been cultivated for sale

to any extent. It is only with great care that the plant can be kept alive throughout the winter in Scotland, and, consequently, the price was higher than it would be were its cultivation made a matter of business by gardeners who are favored with the more genial climatic conditions that prevail in the South of England.

The decoction is the form in which the drug is recommended for worms, and, when made in the proportion of 4 oz. of herb to 1 pint, the adult dose is a tablespoonful, and half that quantity for children. This is said to be a perfect cure for small worms, though it is useless in the case of tape.

Phosphate of Bismuth.

The *N. Y. Med. Jour.*, Nov. 28, says that Fredenat ("*Giorn. farm. napol.*"; "*Nouveaux remèdes*") remarks upon the variable density of subnitrate of bismuth, and proposes the phosphate as a substitute, the latter being a stable salt. Its therapeutical properties are the same as those of the subnitrate, and it may be given in doses of thirty grains.

Iodide of Sodium in the Treatment of Syphilis.

The *N. Y. Med. Jour.* Nov. 28, says that Arcari ("*Gazz. med. ital. lombard.*"; "*Med. Chron.*") reports a number of cases of tertiary syphilis in which rapid improvement was due to the hypodermic use of this drug in quantities of about ten grains four or five times a day. He recommends the simultaneous use of thirty grains by the mouth, with only two daily injections, in cases where an organ is seriously threatened from syphilitic deposits.

Citric Acid in Malignant Growths.

Dr. FENN, of San Diego, California, reports (*Jour. Am. Med. Ass.*) two patients with strongly marked family history of cancer, and having suspicious growths upon the face which appeared to be of a malignant character, who were treated with hypodermatic injections of a saturated solution of citric acid. By this means the size of the morbid growth was very much reduced, and the extent of incision for ultimate removal very much diminished. In one case six years, in the other three years have elapsed without any recurrence of the disease. He recommends further trial of this agent.

The Sap of the Fig-Tree.

The *Am. Practitioner* for November says that Dr. Bianchi, of Florence, spoke of the therapeutics of the sap of the fig-tree. Pliny, and others writing in the Middle Ages, used it. A few drops extracted from the leaves and fruit, placed on a piece of wet fibrin, rapidly reduce it to substance soluble in water, which gives the reaction of peptone. Signor Bianchi has found this substance very useful in dyspepsia where there was a deficiency of the gastric juice. It could also replace papaine in application to the diphtheritic membrane and to old ulcers.

Digitalis as a Corrigent of the Effects of Quinine on the Heart.

The *New York Medical Journal*, November 21, says that TALMA and VAN DER WEYDE ("*Ztschr. f. klin. Med.*"; "*Ctrlbl. f. klin. Med.*") state that small doses of

quinine exaggerate the diastole of both the auricles and ventricles, without notably reducing the systole; but that large doses increase the diastole still more, and render the systole imperfect, so that suspension of the heart's action may occur in diastole. If digitalis is given in addition, however, the ventricular systole is rendered almost perfect, and the auricular distension at the same time moderated, which accounts for the good effects of digitalis in acute dilatation of the heart from quinine poisoning.

Bismuth in the Treatment of Sweating Feet.

The "Union Medicale" cites Vieusse's recommendation of daily frictions with subnitrate of bismuth as a remedy for foetid perspiration of the feet. The spaces between the toes should not be forgotten. The treatment is to be continued for about a fortnight. After the second or third friction, the sweating becomes less abundant, and the soreness rapidly subsides. The epidermis soon loses its white tint, and adheres more firmly to the subjacent derma, the excessive action of the sudoriparous and sebaceous glands diminishes, the perspiration becomes less irritating, and about the sixth day the skin resumes its natural look.

Belladonna as an Agent to Produce Toleration of the Iodide of Potassium.

M. AUBERT, in *The Lyon Médicale*, No. 13, 1885, proceeding from the fact that belladonna produces dryness of the throat, nose and mouth, was led to employ it along with iodide of potassium as a preventative of the coryza which attends the long-continued use of this drug. His observations show that when the two remedies are used together intolerance is never experienced, and the iodide fails to produce its characteristic symptoms.

The quantity of belladonna necessary to produce such result is stated to be from one to two pills, each containing five-sixths of a grain of the extract.

Borax and Nitrate of Potassium in Hoarseness.

The *Kansas City Med. Record* says that these two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of the cold. The remedy is recommended to singers and orators whose voice suddenly becomes lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.

Baptista Tinctoria.

SCHROEDER has isolated from the root of baptista tinctoria two glucosides and an alkaloid. Baptisine and baptine are the names of the former. The first of these is insoluble in water, crystallizes in the form of globules, and is endowed with the same physiological properties as indifferent bitter substances. Baptine crystallizes in microscopic needles and is soluble in water; it is laxative in its

action. The alkaloid baptitoxine, which is tonic in weak doses, produces in frogs arrest of respiration, followed by paralysis of the nervous centres. In warm-blooded animals the respiration is accelerated, the excito-motor power is exaggerated, and death results from asphyxia. Schröder has also succeeded in isolating from the root of *leptandra virginica* a glucoside, leptandrine.

Treatment of Itch.

COMESSATI recommends the following treatment of itch as more simple and successful than any other hitherto used (*Journal de Méd.*, No. 4, 1885): 200 grammes ($6\frac{1}{4}$ oz.) of hyposulphite of sodium are dissolved in a litre (1 qt.) of water, and the entire body, before retiring, is treated with this solution. On the following morning the body is treated with a solution containing 50 grammes (2 oz.) of hydrochloric acid in a litre of H_2O . The explanation of this treatment is very simple: sulphur in a state of fine division settles in the pores and remains there for a long time; sulphurous acid and chloride of sodium are also formed. These two results of this reaction are both toxic to the acarus, and the affection is usually cured by a single application.

Hæmoglobin Pills.

The *Therapeutic Gazette* say that ZIEMSSENN's success with hæmoglobin pills in the treatment of chlorosis is attracting a good deal of attention, according to the *Deutsche Medizinal Zeitung*, May 11, 1885. The pills are prepared from ox-blood, are of the size of a hazel-nut, and weigh, aside from their chocolate coating, over thirty grains. The daily dose is six pills, containing nearly twenty-five grains of hæmoglobin = $\frac{1}{8}$ grain of iron. This is presented to the digestive organs in a form free from all irritative properties, and is no doubt quickly and easily absorbed. Direct inspection demonstrates a remarkably quick rise in the percentage of red corpuscles, leading of course, to a general improvement of health.

Bois Piquant or Xanthoxylum, a New Febrifuge.

The *Weekly Medical Review* says from a note in the *Berliner Klinische Wochenschrift*, we learn of a new vegetable substance, lately introduced into France under the name of bois piquant, that possesses anti-febrile virtues. It is a bark derived from *Xanthoxylum Carribæum* Lam. (*Xanth. Clava Herculis*, Linn.), and *Xanthoxylum Perrottelli*. In the Antilles the plant is known as *Clavaliér jaune* or *épineux*, and has been employed by the local physicians as a febrifuge.

It appears that Heckeland Schlagdenhauffen (*Compt. rend.* Tom. xcvi.) have isolated a crystalline alkaloid, which in aqueous solution in a dose of 0.005 grm. produced a reduction of respiration and heart action in the frog, and ultimate general paralysis and death.

The bark has been therapeutically employed in Marseilles.

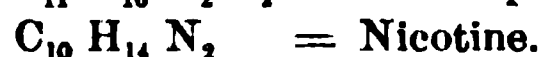
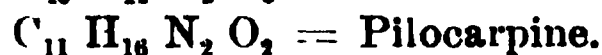
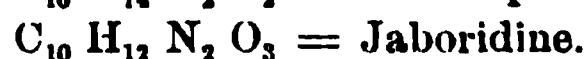
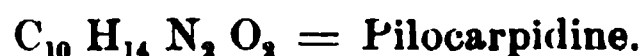
Santonin in Amenorrhœa.

In the *Lancet*, September 1885, p. 430, Mr. W. Whitehead draws attention to the value of santonin in the treatment of some forms of amenorrhœa, especially when associated with chloro-anæmia. Some years ago, the author prescribed ten

grains of santonin for a young lady aged 17, who was supposed to be suffering from worms. This dose was taken on two consecutive nights, but no worms were discovered. A few days afterward, however the girl menstruated; she had not done so for many months previously to taking the powders. Some time afterwards, the author thought he would try the action of santonin in another case of chloro-anæmia. The same doses were given as in the previous case, with the same results. Since then the author has often given santonin in cases of chloro-anæmia, and has invariably noticed that menstruation appeared very shortly afterward.

Pilocarpidine.

MERCK, of Darmstadt, has succeeded in isolating from the leaves of jaborandi a third base, which in the free state appears as a syrupy fluid, but forms columns of crystals having a close likeness to those of saltpetre when turned into a nitrate. The chemical properties of the new base are almost identical with the familiar pilocarpine. Like pilocarpine, too, it is transformed into an amorphous base endowed with physiological properties like those of atropine; this amorphous base M. Harnack proposes to call "jaboridine." Jaboridine has almost the same empirical formula as pilocarpidine, the only difference being a substitution of two atoms of monovalent hydrogen for one of divalent oxygen. It may be of interest to compare the empirical formulæ of several allied substances:—



On the Treatment of Epididymitis by Oil of Yellow Sandal Wood.

After relating four cases in the *Annals of Surgery* (November), Dr. ROBERT WHARRY thus concludes:

"Such is my experience of sandal oil in the treatment of the complications of gonorrhœa. Though not sufficient to prove much, it has left a very strong impression upon my mind that it stands a long way ahead of any other remedy for treating "swelled testicle" and gonorrhœal rheumatism.

"It may be as well to add that in cases of long standing gonorrhœal rheumatism it would be unreasonable to expect recovery in a few days under sandal oil. The best results may be hoped for in cases where this treatment is begun very early, and in old long-standing cases better results may be hoped for in a treatment which includes sandal oil than one which excludes it."

Chloroform and Water as a Hemostatic Agent.

The *Southern Dental Journal* says that the *Journal de Medicine* speaks highly of this mixture in the following proportions: Chloroform 2 parts, water 100. It is claimed that it acts with a rapidity that is truly marvelous; it has not the slightest disagreeable taste; it has no escharotic action; it is always at hand and made instantly; its cost is very slight; and there is nothing disagreeable in its application to interfere with the surgeon. In all operations upon the mouth and throat, it is recommended to use this alone as a hemostatic. Recently in removing

a sequestrum from the inferior maxilla, which was of the size of a large chestnut, by its use no blood was lost in what is usually a very bloody operation. A simple washing arrested all tendency to hemorrhage. In tonsillotomy, simply gargling the part or using the atomized spray is sufficient to prevent the loss of blood.

Lantanine, A New Alkaloid.

The *Therapeutic Gazette*, Nov. 16th, tells us that Dr. BUISA, physician to the Central Hospital of Lima, publishes in *El Cambo Farmaceutico* a description of a new alkaloid, lantanine, discovered by Dr. Negreta in the sagrata, family *verbance*, species *lantana Braziliensis*. Dr. Buisa has employed the tincture of this plant as an antipyretic with very satisfactory results, and as its bitterness was so extreme, even in the syrup of the wine, as to almost prevent its use, he requested Dr. Negreta to try and find a more pleasant pharmaceutical preparation. The experiments which he made with this end in view resulted in the discovery of the active principle to which its antipyretic effects are due. This substance or alkaloid, which he terms lantanine, has a moderating effect on the circulation, and seems to slow nutritive changes, at the same time lowering the temperature. It is tolerated by the most sensitive stomach. Intermittent fevers which prove rebellious to the use of quinine yield to 30 grains of lantanine. In order to reduce the temperature in febrile conditions, he employed it in doses of 15 to 20 grains every twenty-four hours, in pills $1\frac{1}{2}$ grains each. In intermittent fever it should be administered after the access of the fever. In ninety-five per cent. of the cases it will succeed in producing a cure.

Dover's Power and its Modifications.

In the *Asclepiad*, 1885, Dr. Richardson speaks of Dover's powder: "In many cases there is no anodyne equal to Dover's powder, no other such a soporific febrifuge. If I could envy any one as a therapist, it would be the old physician who originally had the happy thought of blending astringent opium with relaxant ipecacuanha, and both with a diuretic and laxative. I suspect that Dover's name, though so little is known of the man himself, is more frequently quoted than that of any other physician. It is very often a good plan to modify Dover's powder by employing other salines than sulphate of potassa. The true Dover's powder contains nitrate of potassa as well as sulphate, four grains of each; and it often seems to me reasonable to revert to this form, as the nitrate of potassa in small doses is so good a diuretic. I also often venture to use other modifications with advantage. In acute rheumatic fever I usually substitute sodium salicylate for the potash salts; in gout, bicarbonate of soda; in remittent febrile cases, two grains of quinine with five of sodium salicylate; in tonsillitis and other febrile throat-affections, chlorate of potassa. It would surely be worth the time and skill of one of our scientific pharmaceutical brethren to prepare and bring out a series of Dover's powders in these modified forms."

An Objectionable After-Effect of Naphthaline.

The *Therapeutic Gazette*, October 15, says: The peculiar effect of naphthaline, even of the purest specimen, upon the urinary secretion has been repeatedly noted by various physicians.

Dr. PICK, of Coblenz, calls special attention to this objectionable feature in the *Deutsche Med. Woch.*, No. 10, 1885, as expressed by a frequent and inordinate desire to urinate, and violent burning sensations in the urethra after micturition. In a 2½ years' child, suffering from chronic intestinal catarrh, five daily doses of 0.25 gramme of naphthaline were administered. After the twelfth dose the catarrh itself was improved, but the following untoward symptoms appeared all at once: violent desire to urinate, reddening and tumefaction of the external urethral orifice and œdema of the prepuce. As soon as the naphthaline was discontinued these unpleasant after-effects of the drug ceased instantly.

Dr. Pauli, of Lübeck, reports in the *Berl. kl. Wochenschrift*, No. 10, 1885, similar evidences of untoward symptoms caused by this drug. He treated five children, all affected with chronic intestinal catarrh, with naphthaline (0.1 to 0.3 grm. every three hours), and found the drug, though very effective, if persisted in, against the disease, still to produce what he regarded as a constitutional intoxication. The face assumes a pale-yellowish hue; the children either grow restless or lie quietly as if stupefied by a narcotic.

Kairin, Antipyrin, and Thallin.

Dr. J. E. BLOMFIELD thus concludes a retrospective article on these new drugs in the *Practitioner* for October:—"From the foregoing account it will be seen that these bodies are really useful additions to our list of antipyretics, but we must wait for further experience to decide on the relative merits of each. In fact, this whole group of drugs well merits a more extended study, so that we should be able to give a scientific classification of them, according as they act on the production or distribution of heat, and if on the production, by what means this is brought about, whether by the thermogenetic centres of the cerebro-spinal system, or more directly by diminishing the oxidizing power of the blood. In the above-recorded facts we see an indication of a difference of action between such closely allied bodies which further knowledge may break down, but it would appear that kairin acts on temperature by diminishing the oxygen-carrying power of the hæmoglobin, while antipyrin—according to the experiments of Queirolo—dilates the vessels of the skin.

"The idea of the existence of thermogenetic centres is rapidly gaining ground, and we may see in the obvious action of these drugs on the nervous system a reason for supposing that this is one of the ways in which their effect is brought about."

Beta Naphthol in the Treatment of Scabies.

From the *Ann. de Dermat. et de Syph.* we learn that Josias has made a series of experiments on animals with naphthol to determine whether the case of Neisser's, where hæmoglobinuria supervened when a child affected with prurigo was treated with it, was or was not exceptional. Though both rabbits and cobayes died as a result of subcutaneous injections of an alcoholic solution of naphthol; none showed symptoms of hæmoglobinuria. When dogs were similarly treated none died, and he concludes from his observation on these latter that naphthol cannot engender serious accidents which may end in hæmoglobinuria and death; and further, that naphthol in the doses employed in practice is an excellent remedy for scabies, and absolutely harmless. The ointment used consists of beta

naphthol, 15 parts; lard, 100 parts; soft soap, 50 parts, and powdered chalk, 10 parts. This ointment has given results incomparably superior to all other methods in the cutaneous affections to which dogs are so liable, and which are so obstinate. Itch, eczema, rubrum, psoriasis, and auricular catarrh yield, as a rule, very rapidly to frictions with it. More than a hundred dogs have been so treated by M. Nocard; in some the general inunctions have been repeated for eight or ten days without any bad result, even when the dogs licked themselves. The efficacy of the ointment has seemed to be heightened when after its application the skin has been moistened once or twice, at twenty-four hours' interval, with a two per cent. solution of chloral.

Treatment of Eczema of the Eyelids.

The *Therapeutic Gazette*, Oct. 15th, tells us that BURCHARD regards eczema of the eyelids and their vicinity as a frequent cause of conjunctivitis and keratitis phlyctenulosa (*Monatshefte f. praktische Dermatologie*, No 2. 1885). Predisposition, or, more often, neglect, of the eczema leads to eczematous keratitis, prolapse of the iris, partial destruction of the cornea, and incurable blindness.

The treatment which Burchard found highly successful in removing these eczematous conditions consist in brushing the eyelids with a three per cent, solution of nitrate of silver. The eyes have to be closed during the application, to prevent the caustic solution from falling on the conjunctiva. Immediately after the application the part is to be dried with a linen cloth, all existing vesicles and pustules opened and laid bare. The brushing and drying manipulation is repeated four or five times in succession, whereupon all eczematous spots soon grow conspicuous by the precipitated chloride of silver. This treatment is to be applied at first daily, later every second day. Pain is rarely experienced after the fourth application. The eczematous area decreases gradually but persistently, especially if the part after each cauterization is thickly covered with an ointment composed of vaseline 10.00, ol. cad. 1.5, flor. zinci 2.00. If, however, the eczema is in such a vicinity to the eyes as to threaten their irritation by this ointment, a salve made from the white precipitate is preferable.

Orcin.

In the *Gaz. Med. Ital. Lombard*, Dr. J. J. ANDEER says that: "Amongst the carbon compounds the aromatic series forms an important group which includes many of our most potent antiseptics and anti-pyretics, such as naphthaline, choline, phenol, carbolic acid, salicylic acid, kairin, antipyrin, etc. Dr. Andeer, who has previously written on resorcin, in the present communication treats on orcin, another and nearly allied member of the same class. Orcin possesses almost all the physical properties of resorcin. It is a white substance, with a peculiar sweetish and afterwards bitter taste, and a feebly aromatic odor; it is soluble in all the ordinary media, and crystallizes out of aqueous solutions; it produces a deep blue or violet with the ferric salts, and it occupies the same position as resorcin in the hexagonal group O—H. In physiological properties orcin stands between resorcin and paraglucin, and seems fitted to supply the deficiencies of the former. Whilst resorcin in small doses is purely astringent, and in large doses powerfully caustic, orcin in the largest doses is never more than astringent

and antiseptic. Administered in toxic doses it gives tonicity to the muscles, both voluntary and involuntary, and after a time it suppresses their function, attacking especially the muscular fibres of the heart, arresting its movements and so causing death. Whilst resorcin produces marked ischæmia of the tissues, orcin on the other hand produces marked hyperæmia; hence its action on the muscles.

Note on Cannabis Indica as a Narcotic.

Dr. H. LEWIS JONES, thus writes in the *Practitioner* for October: This drug has proved of great use in a number of cases where I have desired to produce sleep, especially when sleeplessness was accompanied by delirium.

In the delirium of typhoid fever and erysipelas, and in delirium tremens it is most valuable, a few doses being sufficient to give refreshing sleep. It is important to give the drug in sufficiently large doses. Two to three grains of the extract can be taken in the form of pill every four or every six hours; frequently the first dose is sufficient. I now prescribe cannabis indica as the routine treatment in all cases of delirium tremens coming under my care, whether simple or complicating injury or disease.

In only one case has there been complaint of hallucinations. It had been ordered for a case of typhoid fever with much sleeplessness, in an excitable young woman; after two or three doses she asked that the drug might be discontinued, saying that it caused her to see visions of beautiful gardens and the like. All the other patients have been hospital cases. It is possible that among educated people mental disturbance would be more frequent. I have heard of one case where two grains of the extract were said to have made a woman temporarily quite mad. Personally doses of the extract of Indian hemp, up to four grains, produce a mild narcotic effect, the only abnormal sensations noticed being numbness of the extremities and slight mental confusion.

Capsicum in Gastro-Intestinal Affections.

Dr. M. CEBALLOS TORRES, of San Pedro, Peru, writes in the *Cronica Medica* of Lima, an interesting article on the uses of capsicum as a therapeutic agent in various maladies. He mentions that a certain medical professor who had charge of a hospital clinic had the misfortune to suffer from chronic dysentery which resisted all treatment. He took medicines and enemas of various kinds, and confined himself rigorously to a very strict diet, which after a time became very irksome, so that one day he could not resist the temptation to break through it and risk the consequences. He therefore indulged in a good dinner, with which he took plenty of chilies, and fully expected to have to suffer severely for his imprudence; on the contrary, however, he found himself decidedly better, and therefore repeated the novel treatment of a good dinner with plenty of chilies regularly, with the result that his troublesome affection left him entirely. The writer also mentions that once being in perplexity about a patient with bleeding internal piles, whom he had had under treatment for a long time without producing much effect, he talked over the case with the above-mentioned professor, who suggested capsicum. This was given with food in increased doses. An improvement was soon observed, and after two months of this treatment the patient was completely cured. Other instances in which capsicum given in pills has proved

efficacious in various forms of vomiting, anorexia, and bilious fever are mentioned.

Cocaine in Hay Fever.

DR. J. W. STICKLER, of Orange, N. J., writes to the *Med. Record* that he has suffered from hay fever for six years, and never succeeded in materially mitigating the severity of the attacks until he used cocaine.

"The symptoms were violent, and repeated sneezing, profuse discharge of a thin watery fluid from the nostrils, itchiness of pharynx, nose, and eyes, headache, impaired appetite, and restlessness at night. While suffering from all these symptoms I sent for a bottle of soluble hypodermic tablets of cocaine, 1.25 grain each, and introduced three into each nostril, keeping them in position, and favoring rapid solution by forcing the *alæ* against the septum nasi with a handkerchief. As soon as the tablets were dissolved, I snuffed the solution up the nostril in order to secure a thorough application of the drug to the nasal mucous membrane. After using the first six tablets I experienced great relief, and after using fifteen or twenty I was as free from hay fever as I think it possible for any one to be. I used two bottles full, and then discovered that the disease needed no further treatment, as there was no disposition to sneeze, the nerves of the nasal mucous membrane having become non-susceptible to the various irritants which before had caused so much trouble.

Grindelia Robusta in Asthma.

DR. N. L. CLARKE thus writes in the *Med. Age*, Dec. 10: Noticing several articles lately on the complete relief afforded by *grindelia robusta* in spasmodic asthma, and having perscribed it myself with the same result, I state the following case :

Mrs. C. aged 37, had been suffering with asthma for some time when her husband applied to me for treatment. The attacks were so severe that she was unable to obtain rest, frequently having to be up from midnight till day.

I gave the following perscription :

R—Fl. ext. <i>grindelia robusta</i>	℥ j.
Fl. ext. <i>lobelia</i> ,	℥ iij.
Fl. ext. <i>belladonna</i> ,	℥ iss.
Iodide potassium,	℥ iiss.
Syr. tolu q. s. ad	℥ iv.

M. S. Teaspoonful as needed to keep down the attacks.

About three weeks later the husband reported that his wife, after taking a few doses of the medicine, had not had a single paroxysm — that she had been completely relieved. I would be glad to hear the experience of others.

Scopoleine.

PIERDHOUY writes of this drug in the *Gazz. Med. Ital. Lomb.*: This alkaloid is extracted from *scopolia japonica*. Almost insoluble in water, four drops of citric acid suffice to make it soluble in 500 parts. For purposes of comparison, a saturated solution of scopoleine (*viz.*, 1 in 480), and a solution of atropine of the same strength, were made, and atropine introduced into the right eye, scopoleine into the left. Scopoleine was regularly the first to produce a slight increase

of the vertical diameter of the pupil, and signs of accommodative paresis. On an average, scopolamine achieved its maximum effects on mydriasis and paresis of accommodation in forty-five minutes, whilst atropine took sixty minutes. After an hour and a quarter, the action of atropine surpassed that of scopolamine. When the patient was seen twelve hours afterwards, scopolamine again showed a greater degree of mydriasis, and of paralysis of the muscle of Brücke, a prevalence maintained up to third day of the observation. On comparing the antagonism of each to eserine, in the proportion of .05 in 20, the power of scopolamine was clearly shown. The mydriatics having been introduced twenty minutes, a drop of the eserine solution was inserted. Fifteen minutes after, the right pupil was myotic; the left, after a little oscillation, was decidedly mydriatic. As regards practice, the author does not now propose to make a communication. He mentions, however, a case of iritis, in which atropine caused much irritation, and in which scopolamine produced the required degree of mydriasis without irritation. In another case of accommodative spasm, the action of scopolamine has appeared to him more constant, longer acting, and more efficacious, than that of atropine.

Antipyrine as a Styptic.

Dr. J. W. McCauslane thus writes in the *Med. Age*, Dec. 10: Noticing in a recent issue of the *AGE* an article entitled "Antipyrine as a Styptic," I take pleasure in adding my experience. Mrs. M. a middle-aged lady had a posterior molar tooth extracted from left supra maxilla at 9 a. m., on the 18th inst. The operation was followed by a troublesome hemorrhage which her dentist with the styptics at his command failed to control, and for which she consulted me thirty-six hours after, claiming she had lost "half a gallon of blood." On examination I discovered the blood welling up from the bottom of the cavity in two fine but continuous streams. I applied the solid stick of arg. nit. after a failure to control the bleeding by packing with styptic cotton and sent her home, thinking all secure. Half an hour later she came back, bleeding as freely as ever. Now, thought I, is a good opportunity to test the styptic. I filled the cavity with cotton first dipped in water then rolled in powdered antipyrine, and not another drop of blood escaped. The effect was instantaneous.

Borated Petrobaseline.

M. PIERRE VIGIER observes in the *Gazette Hebdomadaire*, August 28th, that if he has become so ardent an advocate of petrobaseline it is because he thinks that this beautiful preparation of vaseline is called to perform great services, while it is so cheap that it costs only 3 francs, (75 cents,) the kilogramme. His former observations, he says, upon the proper employment of the hydro-carburets, have been so little attended to that he feels called upon to repeat them. At present practitioners seem to think all they have to do is to substitute in their prescriptions vaseline for lard; so that on the occasion of the introduction of the new hydrocarburet, termed petrobaseline, he wishes to repeat the principles which should guide the employment of topical applications:

(1) Lard and oils, by softening the skin, form the best vehicles for medicinal substances.

(2) The solid and liquid hydrocarburets, while possessing the great advantage

or not undergoing any change, oppose to a certain point, or, at all events, retard absorption considerably.

(3) Glycerine and its compounds, not moistening the skin, entirely oppose absorption, and should be employed as topics only *sui generis*, and not as excipients. But glycerine is most useful as a vehicle when we wish to prevent absorption, as *e. g.*, with corrosive sublimate, or when irritating effects have to be attenuated, as with regard to carbolic acid or arnica. As to petrobaseline it seems destined to play an important part in therapeutics; but its properties require further study, as these are sometimes very singular. Thus, while it will not dissolve boracic acid it will dissolve borax itself, and the following is a useful combination of this sort—liquid petrobaseline 25 and powdered borax 1 part, dissolve at a gentle heat and filter.

Hamamelis Virginica in the Treatment of Prostatic Disease, and of Buccal Cancer.

Dr. DUNCAN J. MACKENZIE thus writes in the *Brit. Med. Jour.*, October 31st: Two cases that have recently come under my care seem to me interesting in connection with the use of *hamamelis virginica*.

One is a case of enlarged prostate requiring the use of the catheter, in which periodical hemorrhages have occurred simultaneously from the urinary passages and the rectum, no doubt from a congested condition of the veins of both parts. In this case, washing out the bladder with a solution containing one drachm of tincture of *hamamelis*, and one half-drachm of carbolic acid, in about twenty-five ounces of warm water, has had an excellent effect in arresting the bleeding, and also in allaying the irritability of the parts. Since the use of the injection, the urine has been passed without the catheter; but that is probably due to relief of congestion by the bleeding. The other means found most useful have been leeches to the perinæum, and saline purgatives.

The other case is one of cancer beginning in a rare seat—the right tonsil, and subsequently involving the tongue. In the diagnosis of this case, I had the assistance of Dr. Hodgkinson, of Manchester. A short time ago, a smart hemorrhage occurred, and tincture of *hamamelis* in ordinary medicinal doses was prescribed. The bleeding was arrested; but the medicine was found to have such an excellent effect in preventing the formation of sticky secretion on the ulcerated surface, and in adding to the comfort of the patient, that it was adopted as a permanent mode of treatment.

The above are comparatively simple cases, and the effects of treatment can only be palliative; but it seems to me that an account of them, as a contribution to the knowledge of the therapeutics of a new drug, may be of some use.

On Terpine.

The *St. Louis Courier of Medicine* says that M. R. LEPINE communicates to the *Lyon Médicale*, August 9, 1885, the result of his observation on the use of terpine. He has now had considerable experience in the use of this drug, and he finds more and more the importance of regulating carefully the dose of the remedy on account of the different effects produced by large and small doses. In a small dose of twenty to forty centigr. (three to six grains), the effect of terpine in

cases of bronchitis is only to liquefy and consequently to facilitate expectoration. In a triple or quadruple dose, in the same patients the opposite effect is produced. The terpene, at the same time that it modifies the bronchial secretion, tends rather to diminish the quantity of the expectoration. In general it is not best, he thinks, to commence with a large dose; relief and cure are best secured by first liquefying the secretion.

It is exactly the same with the action of terpene upon the kidneys. A patient affected with nephritis will urinate noticeably more with doses of thirty or forty centigrammes (four to six grains), but will experience a diminution of the diuresis if the dose is increased to more than a gram (fifteen grains). Terpene is diuretic, but only in a small dose.

A proof that in large doses terpene diminishes the urinary secretion is found in the fact that healthy dogs into whose veins is injected fifty to sixty c. c. (3j—3jss) of water saturated with terpene per kilogramme (two and three-fourths pounds) of weight, *i. e.*, a really enormous quantity of liquid, urinate only a few c. c. during the two days following this operation, while they eliminate rapidly simple salt water injected into the blood.

The stimulating and liquefying action of a small dose of terpene upon the bronchial secretion never is absent; the diuretic action of a simple dose often fails. This is not at all surprising, as the mechanism of the renal secretion is much more complex than that of the bronchial secretion.

Palatable Therapeutics.

Before a recent meeting of a medical society (*Weekly Medical Review*), Dr. FRANKLIN H. MARTIN exhibited specimens of drugs manufactured in the form of pills, capsules, granular salts, elixirs, et cetera, either tasteless or palatable. In his paper, Dr. Martin claimed that many of the greatest improvements in therapeutics have been gleaned from the field of charlatanism. Electricity, massage and the "Swedish movement" have been wrested from this domain, and placed upon a legitimate and scientific basis. The author claimed that homeopathic medication had three valuable characteristics, palatability, harmlessness and inexpensiveness to the patient. This combination, absolutely without medical merit, accounts for the so-called success of homeopathy. If we can secure palatability to our remedies, we will do much to overcome the popular aversion to our medicinal preparations. Since 1817, when morphia was first isolated as an alkaloid, a great advance has been made in discovering the active principles of drugs. Of the alkaloids there have now been discovered twenty-two, with actions similar to the parent drugs. They are manufactured in pill form and are more easy of administration than the disagreeable preparations from the crude drugs. Twenty glucosides have been similarly isolated and manufactured. While this branch of pharmaceutical chemistry is yet in its infancy we can confidently look forward to the day when the active principles of all the organic drugs will have been discovered, isolated and manufactured into palatable preparations. To-day, the salts of various metals, solid extracts, the bromides and iodides, chloral hydrate and the oils can all be administered in capsules. Dr. Martin claimed to be the first to suggest the enclosing in capsules solutions of chloral in oil.

We can summarize the means by which we make medicines palatable, as fol-

lows: The administration of alkaloids, solid extracts, crude drugs of small bulk, and various salts in capsules or gelatine or sugar coated pills; the administration of glucosides and neutral principles in gelatine or sugar-coated granules; the administration of tasteless liquids in water; the administration of oils, oleo-resins, oleates and drugs soluble in oil in soft elastic gelatine capsules; and the administration of medicines by the hypodermic syringe, suppositories and inunctions.

Lantanine—A New Antipyretic.

The *National Druggist*, Sept. 18th, says the new alkaloid derived from the *lantania brasiliæ*, of the family *verbenacæ*, commonly called in Peru and Chili *yerba santa*, seems destined, if we may believe the testimony of native physicians, reinforced by that of Pavesi and other Europeans, to play no unimportant part in the antipyretic therapeutics of the near future. In the *Gazzetta Medica di Torino*, Professor CARLO PAVESI recently relates the results of his clinical tests of the herb and of the alkaloid lantanine (of which we have already made mention in this department). He first employed a concentrated tincture of the herb, giving it in $\frac{1}{2}$ dram doses, in one case of rheumatismal and one of typhoid fever. The results were so striking and satisfactory that he caused a lot of the alkaloid to be prepared, and administered it in thirty-two cases of fevers of various grades of intensity. The general results, as summed up by Pavesi, are that lantanine, like its prototype, quinine, possesses a directly modifying action on the circulation, retardation of the chemical effects of nutrition, and consequently the power of lowering the temperature in a notable manner. Given in high doses its antipyretic powers are superior to those of quinine, and possess the great advantage of being easily tolerated by the most sensitive stomachs. Intermittents, which had resisted quinine in all doses, were completely broken and cured by 30 grains of lantanine (*si sono guarite con 2 g. di lantanina*). The alkaloid should be given in all cases of fever in doses of at least 1 gram (16 grains), which may be increased to $1\frac{1}{2}$ or 2 grams in a day. The best method of administering the alkaloid is in capsules, or made into pills of from $1\frac{1}{2}$ to three grains each, which are to be taken exactly as quinine would be under similar circumstances.

From time immemorial the herb has been a popular use as an antipyretic in South America, being prized as highly as, or even more than, the cinchona bark. As the herb is exceedingly plentiful, and is rich in its alkaloidal principle, there is no reason why lantanine may not be a valued weapon in the medical armory at an early day.

A New Styptic.

The Berlin correspondent of the *Lancet*, Oct. 3, thus writes: Some time ago a French physician, Dr. MENNIER, reported that a priest, who frequently suffered from bleeding at the nose, having been attacked by a fit of such hemorrhage lasting for nine hours, had, after trying unavailingly all possible remedies, at last stopped it by drinking an infusion of the common nettle, *Urtica dioica*. Thereupon Dr. Rothe made some experiments with the external application of the juice of the said plant. Young plants gathered in spring were cut up (stalks, leaves, and blossoms), macerated for a week in alcohol of 60 per cent., pressed out, and filtered. It was then a dark greenish-brown fluid of aromatic smell and taste. Applied by means of cotton-wool to bleeding wounds, it promptly arrested

hemorrhage, unless large vessels were affected, especially parenchymatous bleedings and those from smaller bloodvessels. The blood was converted into a soft, consistent, but not crumbling clot, which seemingly protruded into the opening of the wounded vessels, thus arresting hemorrhage. In case of bleeding from the nose, a small cotton plug steeped in the liquid is pushed up the nostril high enough to come into close contact with the bleeding surface, and then, if necessary, fixed by means of a dry plug. Should the hæmorrhage cease immediately, the plug may be cautiously moved after the lapse of about ten minutes. If some blood oozes out through the plug, it will have to be replaced by a fresh one. In several hundred cases thus treated, the bleeding was always arrested within half an hour at the very latest. Quite striking was the effect in the case of a young man bleeding from the lower jaw, after extraction of a molar; for the hæmorrhage had lasted for three days incessantly, in spite of compression and the application of external and internal styptics. For years Dr. Rothe has used this "liquor hæmostaticus" in all operations with predominantly parenchymatous hemorrhage, as in herniotomy, tracheotomy, smaller amputations, splitting of cervix uteri, etc., in the same way as the solution of sesquichloride of iron was formerly employed, but with the great advantage that the blood-clots did not so easily crumble and decompose. The nettle solution has, on the contrary, on account of its alcoholic component, antiseptic qualities; and it is especially indicated in simple cuts of the skin not requiring suture; for not only will the bleeding promptly cease, but by the application of cotton-wool steeped in this solution the wound will speedily heal. The superiority of this new styptic is, above all, evident in non-puerperal hemorrhage from the mucous membrane of the uterus. If, as is generally the rule in cases of mucous polypus and endometritis hæmorrhagica, the orifice of the uterus is sufficiently wide open, an injection of from five to ten grammes of the liquor, after previous cleansing with a cold or warm solution of carbolic acid, will produce a permanent stopping of the hæmorrhage, except where the mucous membrane is too much degenerated. Should the removal of an excrescence by operation or scraping (with the blunt curette) become necessary, the wound can be cleansed with a warm solution of carbolic acid, whereupon a plug of cotton-wool steeped in the nettle infusion, with subsequent injection of the same, will, in nearly every case, produce the speedy cessation of the hæmorrhage.

Some of the Uses of Digitalis.

Dr. W. SYMINGTON BROWN thus summarizes the uses of digitalis in the *Louisville Medical News*, Sept. 19th :

1. In mitral obstruction, and generally whenever effusion occurs from debility. When dropsy supervenes from heart disease, when the face is dusky, the jugular veins distended, the breathing hurried, and the pulse feeble and intermittent—small doses of digitalis, aided by position and stimulants, will often work wonders. In some cases, where the left ventricle is both dilated and hypertrophied, it may be given tentatively.

2. After rheumatic fever, when the pulse is feeble, rapid and irregular, combined with salicylate of soda. It is also useful in the later stages of typhoid fever. In moderate doses it reduces the temperature in all fevers.

3. In atonic uterine hemorrhage, and as a hemostatic after surgical operations on the uterus, it may be alternated with ergot. In giving digitalis it not unfrequently occurs that the pulse is accelerated at first for a few hours, although the final effect is to reduce the number of pulsations.

4. In delirium tremens. Very large doses have been given successfully in this affection. I recollect attending a case in Scotland, many years ago, assisted by my tutor, where we gave a tincture of digitalis in half-ounce doses, after a fair and futile trial of opium, and the patient recovered. He was a regular toper, full of morbid fancies, and he would only consent to swallow the medicine on the condition that I scratched his back, during which interesting process he fell asleep. I remember that Dr. Glen was in doubt whether it was the digitalis or the scratching which saved him.

5. Drs. Nelligan and Corrigan, of Dublin, strongly recommended it in epilepsy. They gave two ounces of the infusion at bedtime, continued for four nights, then repeated as before. My experience of its use in this affection is not extensive, and not very favorable.

6. In spermatorrhea it occasionally proves beneficial. The influence of digitalis on sexual desire, in both sexes, is decidedly sedative and anaphrodisiac. It only exerts this influence, however, after a lapse of weeks.

7. In bleeding piles. A good form for this disease is the powder made into pills with tar, each pill containing one grain of digitalis. Four may be swallowed daily.

8. In maniacal cerebral excitement the hot infusion, sweetened, in teaspoonful doses, twice a day or oftener, sometimes answers the purpose of quieting the patient better than the bromides.

Treatment of Pulmonary Consumption.

Dr. DA COSA's treatment we take from the *College and Clinical Record*, October 1st:

Hygienic Treatment.—Out-door exercise, good food, warm clothing; climate of paramount importance. The best climate, by far, is that found in Egypt; Algeria is a good place. In this country, New Mexico, Southern California, South Carolina, Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-existing bronchitis do better in a damp and mild climate, as Florida, etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. Prof. Da Costa does not care much for the "milk diet," but allows it in conjunction with other things. Give plenty of meats and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhue, and lessen the tendency to its abuse. Whisky and brandy are the best stimulants here. You need not interdict smoking.

Medicines.—Ol. morrhue is of great utility by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give fʒss, ter die, one hour after meals. To disguise it, and to promote its ready absorption, give ℥x-xv ether, but this sometimes causes belching. Mix it with equal amount of malt or whisky. When the appetite fails stop its use for a while. Do not permit the oil to be taken in hot weather.

Next in importance is arsenic in small doses in the early stages; arsenious acid, gr. $\frac{1}{8}$ or gtt. iij Fowler's solution, ter die. In the late stages it will be of no avail.

A third remedy is iodine; it should be more generally used; liq. iodi comp. gtt. i-iiij, ter die, with potassium iodide to alternate with it. When anæmia is present, *and not much fever*, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with gtt. xv of the officinal syrup, and push up to fʒj, ter die.

Prof. Da Costa does not like the hypophosphites. They have no special effect, as ol. morrhue and arsenic. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

Treatment of Special Symptoms.—Entirely too much is done for the symptoms. For cough we should give no expectorant unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Codeia, gr. $\frac{1}{8}$ – $\frac{1}{4}$, in simple elixir, often has a wonderful effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

Night Sweats.—Give atropia, gr. $\frac{1}{16}$, at bed-time. Sponge off the body with hot water to constrict the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide, gr. ij, ter die. Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, gr. ij, ter die, the last dose at bed-time.

Digestive System.—The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, gr. $\frac{1}{4}$, four times per diem. Strychnia, gr. $\frac{1}{16}$, ter die, is also of great value.

Diarrhœa.—Opium, bismuth, ʒj; copper sulphate, gr. $\frac{1}{2}$; silver nitrate, gr. $\frac{1}{4}$, etc.

The Throat in Phthisis.—It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (ʒj to the Oj).

Prof. DaCosta has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For *Irritative fever*—

R. Quininæ sulph., gr. iss.
 Digitalis, gr. ss
 Opii, gr. $\frac{1}{4}$. M.
 Ft. pil.
 Sig.—Ter die.

IV. GENERAL MEDICINE.

Medical Education in Switzerland.

In Switzerland degrees in Medicine are granted in the Universities of Basle, Berne, Geneva, and Zürich. These degrees do not confer a licence to practice, for which a separate examination is required.

State Examination in Holland.

This examination is conducted by eight professors, appointed annually and paid by the Government. The applicant for admission must be a Doctor of Medicine of some University, or possess a certificate of gymnasial maturity, or pass a preliminary literary and philosophical examination. The course of medical study must extend over at least six terms. The medical examination includes General and Special Pathology, Pharmacology, Morbid Anatomy, Medical Jurisprudence, Clinical Medicine, Clinical Surgery, and Obstetrics.

Medical Education in Norway.

In the University of Christiania, which is the only school of Medicine in Norway, lectures are delivered on the following subjects: Surgery, Ophthalmic Surgery, Physiology, Midwifery, and Diseases of Women and Children, Descriptive Anatomy, Forensic Medicine, Pathology, and Therapeutics, Hygiene, Materia Medica, General Pathology and Pathological Anatomy, Surgical Pathology, Zoölogy, and Chemistry. Clinical instruction is given in the General Hospital on Surgery, Ophthalmic Surgery, Medicine, Diseases of the Skin and Syphilis; at the Lying-in and Children's Hospital, on the Diseases of Women and Children; at the Ganstead Asylum and at the Christiania Lunatic Asylum, on Mental Diseases; and in the Town Hospital, on Chronic Diseases. Practical instruction is also given in Chemistry, Anatomy, and Botany.

A Fall of Two Hundred and Fifty Feet Without Severe Injury.

Dr. EVANS relates, in the *Bristol Med.-Chirurg. Journal*, the history of a girl who attempted suicide on May 8th, by jumping from the Clifton Suspension Bridge. The bridge is two hundred and fifty feet high, and has been a favorite place for suicides. Sixteen persons have been known to have succeeded in self-destruction by making this same leap. One other only was picked up alive, but survived only thirty minutes. Twenty days after the fall the patient was considered convalescent, and able to walk without pain. There was apparently no permanent injury. As far as the writer knows, no case of survival after a fall from as great a height as two hundred and fifty feet has hitherto been recorded, and he considers this instance as probably unique.

The Vatican Hospital.

A correspondent of the *Allgemeine Wiener Medizinische Zeitung* describes the new hospital built by the Pope, for use in time of epidemics. It has 200 beds, and is provided with every improvement which modern experience has been able to suggest. Over the main entrance is the inscription: *Munificentia Leo. XIII.* Upon admission to the hospital, the patients suffering from cholera or other epidemic disease are first taken into a large reception room, where their clothes are removed and thrown into a disinfecting trough. They are then carried to the upper floors by a hydraulic elevator. In each room is a metal tube through which either warm water or steam is conducted, and for every floor is a large, light and airy bath-room. For patients in the algid state of cholera there is an apparatus made of glass in which they may receive a vapor-bath. The rooms are light and well ventilated.

On Local Asphyxia of the Extremities.

The *Brit. Med. Jour.*, October 10, says: Cases of local asphyxia and symmetrical gangrene of the extremities have been recently described by Messrs. Verneuil and Petit, who are of opinion that paludal cachexy plays an important part in the etiology. It is interesting to compare their observations with that of M. Bouveret, which has been published in the *Lancet Médicale* for June 8th, 1884. The patient, a woman aged 68, lives in a country where ague is endemic, and she has been repeatedly attacked by it. She also suffers from atheroma of the arteries. In January, 1883, she noticed that the middle finger of her right hand was cold and of a dark color, but the normal temperature and color returned after dipping her hands into warm water. Some time later, the other fingers of the right hand were similarly affected; and little by little the disease progressed, so that now all the fingers and toes, as well as the palm and back of both hands, become at times cold and livid. Purple patches also appear occasionally on the forearms. The sensitiveness of the skin in the affected parts is much diminished, and sometimes even quite abolished. Dipping the extremities into warm water causes a temporary disappearance of the symptoms.

The Effect of Sounds Upon Diseased and Healthy Ears.

The *N. Y. Med. Journal*, Nov. 7, says: Roosa ("Ztschr. f. Ohrenheilk.") draws the following conclusions from his observations: 1. Many persons, who in quiet places suffer from deafness, hear readily during or in the midst of a loud noise. 2. The disease in such cases is situated in the middle ear, and is of the chronic, non-purulent variety, though it may not be an acute catarrh, and even a chronic purulent process with partial loss of the drum-head. 3. The cause of this phenomenon probably depends on an altered action of the ossicula. 4. The acuteness of hearing of laborers in a boiler-shop steadily diminishes. 5. The disease produced by this occupation lies in the labyrinth or trunk of the acoustic nerve. 6. These patients do not hear better in a noise, but their hearing is better in a quiet place, and improves by absence from the source of injury which causes the deafness. 7. The cases of hardened wax and catarrh of the middle ear occurring in boiler-makers resemble those met with among other laborers; they mask and complicate the original disease, known as "boiler-maker's deafness."

8. In disease of the labyrinth or acoustic nerve the tuning-fork C is heard louder and longer by air-conduction than by bone-conduction.

License and Degree in Norway.

Before entering on the study of Medicine, the candidate has to pass two preliminary examinations: one in Arts, including Norwegian, Latin, Greek, French, German, English, Mathematics, Geography, and History; and one in Philosophy, including Geometry, Zoölogy, Botany, Astronomy, and the elements of Chemistry and Physics. Having passed these, he is admitted to matriculation, and afterwards studies Medicine nearly seven years.

There are three professional examinations. The first is held two and a half years after matriculation, in Anatomy, Dissections, the use of the Microscope, Physiology, and Medical Physics. The second, held three and a half years after the first, includes Pharmacology, Toxicology, Medicine, Therapeutics, General Pathology, Pathological Anatomy, Surgery, Operative Surgery, Obstetrics and Gynæcology, Diseases of Children, Forensic Medicine, Hygiene, and a practical examination in Medicine and Surgery. Practical work in the hospital wards is also obligatory.

On passing the final examination, the candidate becomes a Physician, and obtains the right to practice. To obtain the degree of Doctor, he must pass a further examination, and defend a thesis.

Peculiar Condition of the Pupils in a Boy.

Dr. CHARLES HIGGINS thus writes in the *Lancet*, September 19th: "On the 3d inst. I was asked to see a boy who was said to have 'queer-looking eyes.' On inquiry I found that the queer appearance had been noticed soon after birth, and that nothing had ever been done to the eyes. On examination I found the right iris was perforated by four pupils—one above, one to the inner side, a third below, and a fourth to the outer side; the first three were slit-shaped; the fourth was larger, and had the appearance of a separation of the iris from its insertion. In the left eye there were two pupils, both to the outer side of the iris, one being a slit, the other resembling the fourth pupil in the right eye. All six pupils commenced quite at the periphery, extended inwards, and were of different sizes; the fundus could be clearly seen through all of them; there was rather a high degree of myopia, but no posterior staphyloma—nor were there any choroidal changes. I had not the opportunity of accurately examining the refraction. The boy could read the smallest print without difficulty at six inches from the eyes. The peculiarity was evidently congenital, but how brought about was not very evident. My first idea was that there had been intra-uterine iritis, causing complete occlusion of a central pupil, with subsequent contracton and dragging away of the iris from its periphery at several points. I was, however, unable to find any trace of a central pupil or marks of past iritis. There was no sign of syphilis in the boy himself, or in other members of his family whom I had the opportunity of seeing."

A "House Epidemic" of Pneumonia in Sweden.

Dr. FR. RUDBERG gives a brief account in the *Eira* of an epidemic of pneumonia occurring at the end of last year in a workmen's barrack at Sandarne, near Söder-

hamm, in Sweden, where there are five of these barracks situated in a row at a distance of a couple of hundred feet from one another, on a piece of sandy soil near a pine wood. The epidemic was confined to one of these barracks, there only being a single case in the remaining four at the same time, and very few in the surrounding districts. This building was constructed of wood, and had sixteen rooms arranged in two stories, there being a common porch to every two rooms. Each room was occupied by a separate family. The total number of inhabitants was seventy-eight, of whom forty-seven were over fifteen years, and thirty-one under that age. The first case occurred on November 16th, in a boy of eight; subsequent cases occurred on November 27th, and December 4th, 7th, 11th, 14th, 16th, 19th, and 20th. Of these there were four males and five females, one boy and one girl being under ten, but all the rest between twenty and forty. Six cases occurred in the lower story, and three in the upper. The disease appeared to have no tendency to pass from one room to the adjoining one, or even to another room on the same story, and in no case was more than one inmate of a room affected; but one woman living at a distance, who occasionally visited some of those who had the disease, was attacked by it herself on December 14th. It should be stated that there was plenty of intercommunication among the families. The writer does not mention any of the clinical characters of the epidemic.

Medical Education in Belgium.

Degrees in Medicine are granted by the Universities of Brussels, Ghent, Liege, and Louvain. The degrees, when legalized by a Government commission, give the right of practice in Belgium. The Universities of Brussels and Louvain confer also honorary titles, without licence to practice.

The examinations for the degree of Doctor of Medicine are alike in the four Universities. 1. An examination in Natural Science must be passed before the Faculty of Science; it comprises Chemistry, Physics, Botany, Zoölogy, elements of Mineralogy and Geology, Logic, Psychology, and Moral Philosophy, (all oral), and Practical Chemistry. This examination may be passed either entire or in two divisions. 2. An examination for candidates in Medicine must be passed, either entire or in two divisions, before the Faculty of Medicine; it comprises Descriptive Anatomy, Histology, Physiology (including Embryology), Elements of Comparative Anatomy, and Materia Medica, with Dissections and Practical Histology. 3. There are three further examinations for the doctorate: *a.* an examination (entire or in two divisions) in Medicine, General Therapeutics and Pathology, Pathological Anatomy, Hygiene, and Practical Pathological Histology; *b.* an examination in Surgery, including Ophthalmic Surgery, Obstetrics, and Forensic Medicine; *c.* a clinical examination in Medicine, Surgery, and Midwifery, and a practical examination in Regional Anatomy and Operative Surgery.

The total duration of study is seven years. The law, however, only requires that the student shall have attended hospital practice for three years.

Every student at the beginning of the year, takes out an inscription, for which he pays \$3.00. For the course required for each of the five examinations, a fee of \$40.00 is paid. The examination fees are: for the first two examinations, each \$8.00; for each of the three examinations for the doctorate, \$16.00.

License and Degree in Medicine in Sweden.

No one can practice medicine in Sweden who has not obtained a license from one of the three Boards. The examinations for the license consist of two parts. The first, for the Diploma of Candidate in Medicine, embraces Anatomy, Histology, Physiology, Embryology, Medical Chemistry, Pharmacology, Toxicology, General Pathology, and History of Medicine. The candidate must, after passing the maturity examination on leaving a lyceum, have undergone a preliminary (medico-philosophical) examination in Botany, Zoölogy, Chemistry, and Physics, or have passed an examination as candidate in Philosophy. He must also have followed the practical laboratory courses of Chemistry, Physiology, and normal and morbid anatomy. The examination for the license comprises Medicine, Diseases of the Skin, and Syphilis, Diseases of Children, Surgery, Obstetrics and Gynæcology, Psychiatry, Pathological Anatomy, and Forensic Medicine. The candidate must have passed the examination for candidate in medicine, and must subsequently have attended the Clinics of Medicine, Surgery, Obstetric Medicine, Diseases of Children, Syphilis, and Diseases of the Mind; and must have obtained a competent knowledge of Pharmacy. Attendance on oral lectures is not obligatory.

The degree of Doctor of Medicine is conferred by the Universities of Lund and Upsala on Licentiates of those Universities and of the Academy at Stockholm, on their presenting and defending a thesis. Attendance on lectures is obligatory for the degree.

University of Basle.

The degree of Doctor of Medicine, Surgery, and Midwifery, granted by this University, can only be obtained under the following conditions.

1. Application for admission to the examination must be made to the Dean of the Faculty in writing, enclosing: (a) a *curriculum vitæ*; (b) the academical matriculation of this place; (c) certificates of attendance at the academical lectures; (d) a certificate of conduct from the High School in which the candidate has made his principal studies; (e) a scientific treatise on any subject in medical or natural science.
2. The examination is partly written (*tentamen*) and partly verbal (*rigorosum*).
3. The written examination consists in the answering of five questions in Anatomy, Physiology, Pathology, Medicine and Surgery.
4. In case of rejection, the Faculty can appoint a time for a repetition of the examination.
5. The whole of the professors of the faculty are invited to the verbal examination. The following are the subjects: Anatomy, Physiology, Pathology, Medicine, Materia Medica, Surgery, and Midwifery.
6. The examination by one examiner must not last longer than half an hour.
7. The degrees in which doctorships are granted are *Summâ cum laude*, *Insigni cum laude*, *Magnâ cum laude*, *Cum laude*, and *Rité*.
8. In adjudicating on both the written and the verbal examination, not only will the splendid knowledge in the respective branches be taken into consideration, but also the possession of general scientific knowledge, and especially a comprehensive knowledge of Natural Science.
9. One hundred and twenty copies of the treatise must be delivered to the Faculty.
10. Promotions are not granted to applicants who have not passed the examinations here, but the Faculty can confer the degree of Doctor *honoris causâ*.
11. The fees for

the examination amount to \$70.00, viz., \$20.00 for the *tentamen*, \$40.00 for the *rigorosum*, and \$10.00 for the promotion. 12. If the candidate be rejected after either examination he forfeits the fees. The re-examination is free of charge.

Dust a Repository of Malaria—Another Fact.

Dr. E. H. RANDLE thus writes in the *Mississippi Valley Med. Jour.*, for November:

At Trimble station, on the C. O. & S. W. R. R., lives Mr. Jesse Pierce. He is a wealthy and prosperous farmer and a great hog-raiser. I visited him last August, and on stating to him my apprehensions as to the danger of dust as an absorber and preserver of the germs of disease, he made the following statement: That for many years he had been troubled with the frequent appearance of cholera among his hogs. That, not for many years had his hogs taken it from his neighbors' hogs, but that the disease had spontaneously broken out among his own, and that in every instance, with a sow and pigs sleeping in a dusty barn; that it spread from these to others; that about the time he would get clear of the trouble and get a new start in hog-raising, the same thing would be repeated, beginning with another sow and pigs in the same barn. He hoped by my suggestion to avoid the recurrence of the trouble.

The probabilities are that when the cholera first made its appearance in that vicinity the dust of that barn caught the disease, perhaps by hogs dying in it; that the dust preserved the germs and communicated the disease to the sows and pigs making their domicile in the barn; while the cholera germs thrown off in the fields and woods were destroyed or blown away.

Enough such facts will establish the theory that dust is a repository of malaria.

Medical Education in Holland.

The degree of Doctor of Medicine is granted in Holland by the Universities of Leyden, Groningen, and Utrecht, and the Communal University of Amsterdam.

In each of the four towns there are a hospital, and laboratories of Physics, Chemistry, Botany, Zoölogy, Anatomy, Physiology, Experimental Pathology, and Pharmacy; and, in Amsterdam, laboratories of Hygiene and Pathological Anatomy.

A candidate for admission as student of Medicine must have passed one of the following examinations: 1. a Literary and Mathematical Examination (Mathematics, Dutch, French, German, and Elementary Latin); 2. examination for admission to an University (Mathematics, Dutch, Latin, and Greek); or, 3, he must have gone through in a satisfactory manner the classes of a latin school (Mathematics, Geography, History, Latin, Greek, Dutch, French, German, and English). Those only who belong to classes 2 and 3 are admissible to the degree of Doctor of Medicine.

In the University, the following three examinations have to be passed, the first two years after entry, and the others at further intervals of two years: 1. Botany, Zoology, Chemistry, and Physics; 2. Anatomy, Physiology, Histology, Pharmacology, and General Pathology; 3. Internal Pathology, Surgery, Obstetrics, Pathological Anatomy, Pharmacodynamics, and Hygiene. The candidate must also present a thesis.

The faculty grants the degree of Doctor of Medicine to those who have passed the three examinations, and who have shown at the time of admission that they possess a competent knowledge of Latin and Greek. The degree does not confer a right to practice.

A New Diagnostic Test for the Tubercle Bacilli.

The *Med. Record*, Sept. 19th says · The importance of the bacillus tuberculosis in the diagnostic study of phthisis is now universally admitted. The methods by which this parasite is recognized are not elaborate or difficult to put in practice. Many physicians throughout the country, not microscopical experts, can and do make examinations for the purpose of discovering them. When they are numerous in the specimen there is little danger of error, but when only a few can be seen, the problem is more difficult. The lepra and the lupus bacilli quite closely resemble those of tubercle. The French observers Alvarès, and Tavel (*Prog. Medical*, August 22, 1885,) have shown apparently that there exists in normal secretions a bacillus resembling in many respects that of tuberculosis. Microscopists find, also, that bits of horny tissue from the horny layer of the epidermis, or particles of feathers floating in the air will stain like the tubercle bacilli. Hæmatin crystals, according to Lustig, also may be taken for bacilli. Thus there are some sources of error in examining secretions which are poor in the special organisms.

Professor Voltolini, of Breslau *Allgemeine Med. Centr. Zeit.*, No, 65), has discovered a method by which these sources of error can be eliminated. This consists in acting upon the preparation with fuming nitric acid, so that an appearance of chain-like spores is seen in the bacilli. The sputum, for example, is spread upon a cover-glass and dried as usual. The cover is then taken up with pincers and slowly dipped into the strongest undiluted nitric acid—acidum nitricum fumans. It is then slowly withdrawn and washed with pure water. The preparation is then dried and colored in the usual manner; but it is important to leave the cover in the staining fluid for from twelve to twenty-four hours. The layer of sputum, or pus, or the section must be quite thin, and the acid must be fresh and fuming. The bacilli so treated retain their form perfectly, but their interior appears to contain a chain of spores. The appearance, however, is thought to be due not to spores, but to an artificial coagulation. It is characteristic of the bacilli of tuberculosis, and, as Voltolini believes, of no other bacillus.

Medical Education in Russia.

Degrees in Medicine are granted by eight universities in Russia, namely, those of Moscow, Kieff, Kasan, Chiarkoff, Odessa, Warsaw, Dorpat, and Helsingfors; also by the Medico-Chirurgical Academy of St. Petersburg. Students are admitted after having gone through an eight years' course of instruction in a gymnasium, and having passed the *abiturienten-examen*. The ordinary age for commencing medical studies is 19.

The course of medical study extends over five years. The mode of instruction and the regulations are nearly alike in the several universities. The session usually begins on September 1, and terminates at the end of May. The remaining three months constitute the vacation. The course of study is as follows:—

First year: Descriptive Anatomy, (with dissecting), Inorganic Chemistry, Experimental Physics, Botany. Mineralogy, and Zoölogy.

Second Year: Descriptive Anatomy (with dissections), Physiology, Histology, Comparative Anatomy, Organic and Practical Chemistry, Botany, *Materia Medica*, and Experimental Physics.

Third Year: Pathological Anatomy and Histology (with necropsies), General Therapeutics Auscultation and Percussion, Chemical and Microscopic Examination of Secretions and Excretions, Special Pathology, and Therapeutics (Medicine). Surgical Pathology, Dislocations, and Bandaging, Diseases of the Nervous System.

Fourth Year: Clinical Medicine, Clinical Surgery, Operative Surgery and Topographic Anatomy, Gynæcology and Obstetrics, Diseases of Children, Diseases of the Skin, Venereal Diseases, Diseases of the Eye and Ear, Hygiene, Forensic Medicine, and Toxicology.

Fifth Year: Clinical Medicine, Clinical Surgery, Clinical Gynæcology and Obstetric Operations, Clinical Courses of Diseases of Children, Venereal Diseases, Diseases of the Eye and Mental Diseases, *Post mortem* examinations.

At the end of each year the student has to undergo an examination in the subjects to which he has attended during the year; and at the end of the fifth year there is a final examination in all the subjects of the curriculum, except Natural History.

Having passed this examination, the candidate receives his diploma, which entitles him to practice in any part of the Russian Empire. There is no State-examination. The examinations are public, and the examiners are the professors of the various subjects.

Two diplomas are granted. One corresponds to the title physician or practitioner, which is granted after the above-mentioned examinations have been passed, and gives the right to practice. For the degree of Doctor of Medicine, the candidate must undergo, two years later, a further examination, and write and defend a thesis on a subject chosen by himself.

Medical Education in Sweden.

There are three medical institutions in Sweden which confer licenses to practice, namely the Universities of Upsala and Lund, and the Karolina Medico-Chirurgical Institute or Academy of Medicine in Stockholm. The Universities also confer the degree of Doctor of Medicine. A medical school, with professors of the various branches of medical science, is connected with each.

The three institutions possess museums of normal and pathological anatomy, collections of chemical and pharmaceutical preparations and drugs, of surgical and obstetric instruments, physiological and pathological laboratories, etc.

Upsala possesses a hospital of 150 beds, which is entirely at the disposal of the University for the purpose of clinical teaching. The professors of medicine and surgery are *ex officio* medical officers of the hospital. Of the 150 beds, 100 or a few more are generally occupied, and are divided among medical, surgical, syphilitic, and obstetric cases.

In Lund, clinical instruction is given in the State Hospital, and also in the University Hospital. In the latter there are 80 beds for medical and 80 for surgical

cases, with 67 beds in the syphilitic and 8 in the obstetric departments. Of these, 40 beds in the medical and 40 in the surgical department are appropriated to clinical instruction. The obstetric department is also clinical. Clinical instruction in the diseases of the eye is also given.

In Stockholm, the pupils of the Karolina Institution receive clinical instruction at the Seraphim Hospital, the Children's and Lying-in Hospitals, the Town and State Lock Hospital, and the Lunatic Asylum at Konradsberg.

At the Seraphim Hospital there are two medical and two surgical wards, under the charge of the ordinary and adjunct professors of medicine and surgery; and also a small gynæcological ward. It contains about 300 beds. An ophthalmic clinic is comprised in the surgical department; and the gynæcological clinic is attached to the medical.

The Lying-in Hospital or Obstetric Clinic can accommodate 30 patients; 20 beds are generally occupied. The professor of obstetrics in the Karolina Institution is *ex officio* chief physician.

The whole of the cases in the General Orphan Hospital are available for clinical instruction. The daily number of infants under one year old in the institution is from 100 to 200; sometimes it has been as high as 240. Of these, 10 or 12 per cent. are generally on the sick-list. There are also about 80 children between one and fifteen years of age. In addition, from 1,600 to 2,000 are attended yearly as out-patients. Clinical instruction is given by the professor of diseases of children for eight months in the year, and four months by his adjunct.

The Town and State Lock Hospital has 180 beds, of which, on an average, 140 are occupied daily.

The Hospitals for the Insane at Konradsberg has 220 beds, which are all available for clinical instruction. The professor of psychological medicine in the Karolina Institute is the chief physician.

Medical Education in Denmark.

The study of medicine at the University of Copenhagen is open to any student who has matriculated there or in foreign universities; but only Danish subjects can obtain through examination the right to practice as medical men in the country.

The course of study lasts six or seven years. It is divided into three parts, namely, an introductory and two principal courses.

1. The introductory part consists of Botany (with especial regard to medicinal plants), Physics, Zoölogy, and Chemistry, theoretical and practical. The student has to submit to a preliminary examination on these subjects, and he can then enter as a pupil of one of the hospitals where he must attend in a fixed order, and for a certain time, the various wards.

2. The second course comprises Anatomy, Physiology, Pharmacology, and Dissections, in which the student has to submit to an examination.

3. The final course consists of the following: Theoretical Surgery, Clinical Surgery, Operative Surgery, Theory of Medicine, Clinical Medicine, Pathological Anatomy, General Pathology, Forensic Medicine, and Obstetric Medicine. The student is examined on these subjects, and has to present a written thesis in Medicine, and one on Surgery. Before the student can pass his examination in

this concluding course, he must present a certificate showing that he has gone through a half yearly clinical course of study under the chief physicians at the hospitals in Surgery, Medicine, Skin-Diseases, and Syphilis; and a shorter course at the Lying-in-Institution in Obstetrics and Diseases of Children.

When these examinations are passed, the obligatory course of study is concluded by a residence at the Lying-in-Institution, in order to obtain a practical knowledge of operations in cases of abnormal labor. The candidate who has passed his examination has now a right to practice medicine; but the majority of candidates, before commencing to practice, endeavor to obtain an appointment at one of the hospitals, where they do duty during two years in a subordinate position. The entire course of study generally covers a period of from six to seven years.

In order to obtain the degree of Doctor of Medicine, the candidate has to prepare and submit to the medical faculty a treatise on a medical subject chosen by himself. If it be accepted by the faculty, it is printed, and must be defended by the author publicly at the University, when at least two professors of the medical faculty appear as opponents.

Among other means for aiding the labors of the student at the University are: The Botanical Gardens, a Zoölogical Museum, a Chemical Laboratory, a Collection of Physical Instruments, an Anatomical Museum, Dissecting Rooms (Physiological Collection and Laboratory), Pharmacological Collection, Collection of Surgical Instruments, Pathological-Museum, the Copenhagen Hospitals, and the Lying-in Institution. A Bacteriological Laboratory, under the direction of Dr. Solomonsen, has been established in Copenhagen.

No entrance fees are demanded, and all the lectures are free to the students. The fees payable in respect of the several examinations amount in all to 60 *kroner* (about \$16). The expenses in connection with obtaining the degree of Doctor of Medicine amount to 160 *kroner* (about \$40).

Medical Education in Germany.

From the *London Med. Record* we learn that in the German Empire there are twenty Universities which possess a Medical Faculty and grant degrees in medicine—namely, those of Berlin, Bonn, Breslau, Erlangen, Freiburg, Giessen, Göttingen, Greifswald, Halle, Heidelberg, Jena, Kiel, Königsberg, Leipzig, Marburg, Munich, Rostock, Strasburg, Tübingen, and Würzburg.

No one can legally practice medicine in this Empire unless he has passed the Staats-Examen. The law forbids any one to call himself *Arzt* (Physician) unless he has passed the State Board; or Doctor, unless he has obtained the degree after examination at some University. The doctor who has not passed the State Board can hold no professional appointment, nor can he receive payment for his services. The practitioner who is neither doctor nor physician, if any mishap occur through his ignorance, is punished by fine and imprisonment. Most students pass both examinations, and this is especially necessary for those who aspire to any medical office.

No medical diploma of any kind can be obtained in Germany without a certificate of general education, obtained after examination at a gymnasium or public school in Greek, Latin, at least one modern language besides German, Logic, the Physical Sciences, and Mathematics. A candidate who cannot present this or an equivalent certificate must pass an examination in these subjects.

The number and character of professorial chairs in the medical faculties vary much in the different universities; but in all there are three classes of teachers—professors, extraordinary professors, and *privat-docents*.

The professors are appointed for life, and at the end of thirty years' service can retire on a pension; they receive a fixed salary from the State or University, a part of the revenue derived by the medical faculty from certain fees, and their lecture fees from the students. The fixed salary varies from \$700 to \$2,400 annually, and is increased every ten years by the addition of from \$100 to \$250. The students' fees for the entire course vary in different schools from \$180 to \$260.

The extraordinary or assistant professors are appointed from among the *privat-docents*. As a rule, their compensation comes only from students' fees, but occasionally a small fixed salary is allowed.

There are no independent schools in Germany, but young men of ability can establish themselves as private teachers, demonstrators, etc., in the immediate vicinity of the Universities, relying on their own talents and tact to secure pupils. These are the *privat-docents*, much of whose teaching consists in giving short courses, of from six to eight weeks' duration, on special subjects. Their compensation is from students' fees, and they may not underbid the regular professor. At some Universities they are furnished with rooms, and given a share of the clinics; at others, they receive little or no assistance.

The course of study at the German Universities varies according to the requirements for the particular medical degree, but in no case is it less than three years. At some, the course extends over four years. The following lectures are the least which will be accepted by any of the university faculties, and may be taken in whatever order the student may wish. The courses occupy nine and a half months in each year. For one year: Chemistry, six hours weekly; Physics, four hours weekly; Zoölogy and Comparative Anatomy, three hours weekly; Botany, three hours weekly; Mineralogy and Geology, two hours weekly; Anatomy, Histology, and Preparation of Specimens, ten hours weekly; Physiology and Laboratory Work, eight hours weekly; General Pathology, Pathological Anatomy, and Practical Work, six hours weekly; Pharmacology and Toxicology, two hours weekly; Obstetrics and Gynæcology, with Clinics, three hours weekly; Eye and Ear Clinics, Use of Ophthalmoscope, Operations, four hours weekly; Forensic Medicine, two hours weekly. For two years: Special Pathology and Medical Clinic at a Hospital, ten hours weekly; General and Special Surgery, Hospital Clinics, and Operations, ten hours weekly for one year, or five hours weekly for two years. This course may not be taken at the same time as the previous course.

Medical Education in Austria.

The Universities of the Austro-Hungarian Empire which possess Medical Faculties and grants degrees in medicine are: Agram (Croatia), Gratz (Styria), Innsbruck (Tyrol), Cracow, Lemberg (Galicia), Pesth (Hungary), Prague (Bohemia), and Vienna.

All the Universities are under Government control, and the degree of Doctor of Medicine obtained at any of them alone gives the right to practice medicine in the empire.

The course of study required of candidates for the degree of Doctor of Medicine in the Universities of the Austrian Empire extends over five years, or five winter and five summer terms or *semesters*. The following arrangement is recommended by the Government. (The first, third, fifth, seventh, and ninth are winter *semesters*; the others are summer *semesters*.) 1st *Semester*: Systematic Anatomy; Experimental Physics, Inorganic Chemistry; General Botany; Dissections. 2d *Semester*: Systematic Anatomy (second part); Experimental Physics (second part); Organic Chemistry; Special Botany; Mineralogy; Practical Introduction to Chemical Analysis; Practical Introduction to the Use of the Microscope. 3d *Semester*: Physiology; Histology; Medical Chemistry; Zoölogy; Dissections. 4th *Semester*: Physiology (second part); Embryology; Exercises in Physiology; in Histology; and in Medical Chemistry. 5th *Semester*: General Pathology and Therapeutics; Pharmacology, Pathological Anatomy; Pathological Histology; *Post-mortem* Examinations; Practical Introduction to the Physical Examinations of Patients. 6th *Semester*: Pathological Anatomy (second part); Special Pathology, Therapeutics, and Clinic of Internal Diseases; Special Surgical Pathology, Therapeutics, and Clinic; *Post-mortem* Examinations; Exercise in Pathological Histology. 7th *Semester*: Special Pathology, Therapeutics, and Clinic of Internal Diseases; Special Surgical Pathology, Therapeutics, and Clinic; Disease of the Eye; Exercise in Surgical Anatomy; (Operations), 8th *Semester*: Internal Diseases; Surgery or Disease of the Eye; Surgical Operations; (Surgical Anatomy). 9th *Semester*: Internal Diseases; Surgery; Theory and Practice of Obstetrics and Gynæcology; Forensic Medicine; (Exercises in Obstetric Operations); Medico-Legal Exercises. 10th *Semester*: Clinics of Diseases of Children; of Diseases of the Skin; and of Syphilis; (Obstetrics and Gynæcology); Exercises in Obstetric Operations; (Medico-Legal Exercises). Of the subjects included in brackets, one course only is required, which may be attended in either a winter or a summer term, at the option of the student.

Candidates for the degree of Doctor of Medicine are required to undergo three examinations (*rigorosem*). Before being admitted, the candidate must produce (*a*) his certificate of birth or baptism, and evidence (*b*) of having received a sufficient preliminary education in one of the institutions of the countries comprised in the empire, or, if he do not belong to any of these, evidence of having matriculated as an ordinary student in a Faculty of Medicine; (*c*) evidence of having attended lectures in a medical school during at least four sessions, and of having dissected during two sessions; (*d*) of having passed, at one of the Universities of the empire, three examinations, in Botany, Zoölogy, and Mineralogy. Before being admitted to the second examination, he must produce evidence of having been engaged five years in professional study, and of having studied Clinical Medicine and Clinical Surgery, each during four sessions, and Clinical Ophthalmology and Clinical Midwifery, each during at least one session; and of having passed the first examination.

The first examination embraces Physics, Chemistry, Anatomy, and Physiology. There is a practical examination on Anatomy and Physiology, and a theoretical examination on all four subjects.

The second examination includes General Pathology and Therapeutics, Pathological Anatomy and Histology, Pharmacology (pharmacodynamics, toxicology,

and prescribing), and the Pathology and Therapeutics of internal diseases. The candidate is examined practically in Pathological Anatomy (with preparations and on the dead body), and in Medicine (at the bedside); and theoretically in all the subjects.

The third examination embraces Surgery, Ophthalmic Surgery, Midwifery and Diseases of Women, and Forensic Medicine. The examinations in Surgery, Ophthalmic Surgery, and Midwifery, are practical; and there are theoretical examinations in all the subjects.

All these examinations must take place at the same University. In very exceptional circumstances only is a candidate allowed to pass the second or third examination at another University than that at which he has passed the first.

The examinations are public and are conducted by a president, the regular examiners, extraordinary examiners when required by the number of candidates, the Government commissioner; and at the second and third there is a co-examiner appointed by the Government. Each member of the commission examines for a quarter of an hour.

A candidate is not admitted to the theoretical examination unless he has satisfied the examiners in the practical one. If he fail at the practical examination, he may present himself again at the end of six months; if again rejected, six month must elapse before he can be again examined. A candidate rejected at the theoretical examination by one examiner only may be re-admitted to examination in the subject in which he is deficient, at the end of two months. If again rejected, he cannot be again examined in less than four months. If rejected at the theoretical examination by more than one examiner, he may re-appear a second and third time at intervals of six months. A rejected candidate can, however, be examined a third time, either in practice or in theory, only with the sanction of the Minister of Public Instruction, and the consent of the College of Professors; and if he then fail, he is debarred henceforth from obtaining a degree in medicine in any of the Universities of the empire.

The fee for the first examination is 55 florins, for the second 60 florins, and for the third 65 florins (Austrian). The promotion fees for the Doctorate amount to 60 Austrian florins. The total fee for the M. D. degree is about \$125.00.

Medical Education in France.

The degree of Doctor of Medicine in the University of France is conferred by the Faculties of Paris, Montpellier, Nancy, Bordeaux, Lille, and Lyons under regulations laid down by the Government.

The studies necessary for obtaining the degree last four years. During the first three years, the student may attend either one of the Faculties, or an *Ecole de plein exercice*, or one of the preparatory schools of medicine and pharmacy. The studies of the fourth year can only be pursued in a Faculty or in an *Ecole de plein exercice*.

Sixteen inscriptions must be taken out, one every three months. On taking the first inscription, the student must present his certificate of birth, and, if a minor, the consent of his father or guardian; also the diplomas of Bachelor of Letters and of Sciences.

Every candidate must undergo a course of practical study as follows:—*First*,

Year: Physics, Chemistry, and Natural History. **Second and Third Years:** Anatomy and Physiology. **Fourth Year:** Operative Surgery and Pathology. Attendance on hospital practice (which is also obligatory), commences after the eighth inscription and continues through the remaining period of study.

There are five examinations; the first, after the fourth inscription and before the fifth; the first part of the second, three months after the tenth inscription and before the twelfth, and the second part after the twelfth and before the fourteenth inscription; the third cannot be passed until three months after the sixteenth inscription. Candidates who do not pass the first examination in October or November at the latest are put back to the end of the scholastic year, and cannot take out any inscriptions during that year. Candidates rejected at the other examinations are put back for three months, except after the examination in Practical Surgery, when the period is six weeks. Two other examinations have to be undergone, and the candidate must present a thesis on a subject chosen by himself.

The subject of the five examinations are as follows:—**First Examination:** Physics, Chemistry, and Natural History, in their application to Medicine. **Second Examination:** First part, Dissections, Anatomy, and Histology (oral); second part, Physiology (oral); **Third Examination:** First part, Performance of Operations, External Pathology, Midwifery, and Operative Surgery (oral); second part, Internal Pathology of Medicine, and General Pathology. **Fourth Examination:** Hygiene, Forensic Medicine, Therapeutics, Materia Medica, and Pharmacology. **Fifth Examination:** First part, Clinical Surgery and Obstetrics; second part, Clinical Medicine, and practical demonstrations in Pathological Anatomy.

Pupils of the *Ecoles de plein exercice* may pass the first and second examinations in the school. For this purpose, two examinations are held each year; one in August, for the first examination, and the second part for the second; the other in April, for the first part of the second examination. Rejected candidates may present themselves, after three months, for examination by a Faculty of Medicine. Students of preparatory schools in which the instruction corresponds with the programme of the first three years of study required, may pass in them the first examination and the first part of the second; the second part of the second examination must be passed before a Faculty or in an *Ecole de plein exercice*. Pupils of other preparatory schools may defer the first examination till after the twelfth inscription. In that case, they undergo both parts of the second examination before the thirteenth inscription, and, from the commencement of the second year of study, are submitted to examinations at the end of each six months, the results of which are transmitted to the Faculties, to be taken into account in the examinations for the doctorate.

Candidates for the grade of *officier de santé* must take out sixteen inscriptions, the regulations regarding which are the same as for the degree of doctor. The programme of practical instruction to be pursued is: **First year,** Physics, Chemistry, and Natural History; **Second year,** Anatomy and Physiology; **Third year,** Anatomy, Physiology, and Operative Surgery; **Fourth year,** Anatomy and Operative Surgery. Attendance on hospital practice commences with the fifth inscription. The whole of the sixteen inscriptions may be taken out in a preparatory

school, where a complete course of instruction, as mentioned above, is given. At other preparatory schools, not more than fourteen inscriptions can be taken out.

There are six examinations; one at the end of each of the first three years; first, in Physics, Chemistry, Natural History, and Elementary Anatomy (bones and ligaments); second, in Descriptive Anatomy and Physiology; third, in Medicine and Surgery. After the sixteenth inscription, there are three final examinations (*examens définitifs*); first, in Dissection, Anatomy, and Physiology; second, in Operative Surgery, Medicine, Surgery, Therapeutics, and Materia Medica; third, in Clinical Medicine, Surgery, and Midwifery. No thesis is required.

Foreign medical practitioners, desirous of permission to practice in France as *officiers de santé*, must present their diplomas to the Secretary of the Faculty of Medicine. If the Council of the Faculty report favorably, the permission is granted. If they desire to obtain the degree of Doctor of Medicine, they must pass the last two examinations and present a thesis. Exception may be made in the case of medical men of acknowledged eminence, to whom the Faculty may at once grant all the privileges of the doctorate.

Foreigners may be admitted to a French faculty on presenting their certificates of study in their countries and paying a fee of \$20.

There is no fee for inscriptions. The fees to be paid each year, including practical work and library, (\$2) are: First year, \$14; second and third years, each \$10; fourth year, \$6; for examination for the degree of doctor, each examination or part of examination, \$11 (in all \$88); thesis, \$48. *Officiers de santé* pay \$6 for each of the three yearly examinations; for the three final examinations, \$20, \$22, \$42, respectively.

Medical Education in Italy.

The Italian Universities at which degrees in Medicine are granted are the Royal Universities of Bologna, Cagliari, Catania, Genoa, Messina, Modena, Naples, Padua, Palermo, Pavia, Parma, Pisa, Rome, Sassari, Siena, and Turin; the free Universities of Camerino, Perugia, and Ferrara, and the Royal Institute for Superior Studies at Florence.

The regulations for graduation in medicine in the Universities of Italy are as follows.

1. The Medico-Chirurgical Faculty has the duty of giving instruction in all subjects relating to medicine and surgery, promoting the cultivation of all that is known in that field, and qualifying for the exercise of the medical profession in its various branches.

2. The course of medical and surgical study extends over six years, at the end of which free licence to practice is granted.

3. The following courses of instruction are obligatory: General Chemistry (Organic and Inorganic), Botany, Zoology (with Comparative Anatomy and Physiology), Experimental Physics, Normal Human Anatomy (*i. e.* Histology, Descriptive and Topographic Anatomy, and Dissection), Human Physiology, General Pathology, Pathological Anatomy (demonstrations and exercises), Materia Medica and Experimental Pharmacology, Special Medical Pathology (Principles and Practice of Medicine), Special Surgical Pathology (Surgery), Clinical Medi-

cine and Exercise in Semeiotics, Clinical and Operative Surgery, Theory and Practice of Ophthalmic Surgery, Theory and Practice of Diseases of the Skin and Syphilis, Midwifery, and Clinical Midwifery, Forensic Medicine and Public Hygiene, Theoretical and Clinical Psychiatry (where opportunities exist).

4. The obligatory course must each be attended one year, except Pathological Anatomy, of which two years are required, and Human Anatomy and Clinical Medicine and Surgery, each three years.

5. The following courses are non-obligatory or complementary, Medical Chemistry, Experimental Toxicology, Critical History of Medicine.

6. Besides these, other free courses may also be given.

7. There are three biennial examinations in the Faculty of Medicine; the first for "promotion," the second for "licence," the third for the degree of "laureate," with a diploma conferring full licence to practice.

8. In the Universities of Pisa and Sienna the licentiate has the title of laureate of the first stage (*laurea di primo grado*).

9. In order to be admitted to the first examination (*promozione*) the candidate must have been a student at the university at least two years, and have diligently attended the courses of Chemistry, Botany, Zoölogy, Comparative Anatomy and Physiology, Experimental Physics, Human Anatomy, and any subjects of instruction that he may choose, so as to make up eighteen hours of instruction per week.

10. The subjects of examination are Chemistry, Botany, Zoölogy, Comparative Anatomy and Physiology, and Experimental Physics. The Examining Board consists of the official teachers of the subjects of examination, with one or two additional examiners not belonging to the teaching body. On the proposal of the Faculty, and with the consent of the Minister, the examination for promotion may be divided into two parts, one to be held at the end of the first year, and the other at the end of the second year. At the beginning of each scholastic year, the Faculty determines what courses are to be followed, and when.

11. The candidate for admission to the several examinations (licence) must have passed the first examination, have attended the University during two other years, and have diligently attended courses of Human Anatomy and Physiology, General Pathology, Practical Pathological Anatomy, Materia Medica and Experimental Pharmacology, Special Medical Pathology, Special Surgical Pathology, Clinical Medicine, and Clinical Surgery.

12. The Examining Board is constituted as in Section 10. The examination is oral, and practical as regards Human Anatomy and Materia Medica.

13. A candidate for admission to the third examination (*laurea*) must have passed the second examination, have subsequently been a student at the University during two years, and have diligently attended the courses of Clinical Dermatology and Syphilology, Clinical Ophthalmic Surgery, Midwifery and Clinical Midwifery, Clinical Psychiatry, Exercises in Pathological Anatomy, Clinical Medicine and Surgery, Operative Surgery, Forensic Medicine and Hygiene, and voluntary courses so as to make up eighteen hours of instruction each week.

14. The candidate has to undergo an examination on the dead body and two clinical examinations.

15. The examination on the dead body is conducted by a subcommittee con-

sisting of all the professors of Operative Surgery, Pathological Anatomy, and Forensic Medicine, with one or two assessors not belonging to the official teaching body.

16. In this examination, the candidate performs on the dead body a surgical operation, the nature of which is decided by lot. He also performs a necropsy, and draws up a description of the appearances seen. Finally, he answers the questions put to him by the examiners, and especially on the results of the necropsy, which are asked by the professor of Forensic Medicine.

17. The first clinical examination is conducted in the presence of a subcommittee consisting of the professors of Clinical Dermatology and Syphilology, Clinical Obstetrics, Clinical Psychiatry, Clinical Ophthalmology, and Forensic Medicine, with one or two extra-professorial assessors.

18. In this examination, the candidate examines four cases of diseases selected from the four special classes which have not previously been examined or treated in the clinical wards, and gives his opinion on the diagnosis, prognosis, and treatment. He afterwards answers the questions and observations of the examiners, and especially replies to the questions put by the professor of Forensic Medicine on the obstetric and psychological cases.

19. The second clinical examination is conducted in the presence of a subcommittee, consisting of the Professors of Clinical Medicine, Clinical Surgery, and Medicine, Surgery, and Forensic Medicine, with one or two extra-professorial assessors.

20. The candidate examines in the presence of the subcommittee four patients, two medical and two surgical, who have not yet been examined or treated in the wards, and writes a description of the cases. He finally answers the questions asked by the examiners.

21. A student must have passed each stage of the third examination before he can be admitted to the next stage.

22. In each examination, a student rejected in one subject alone may present himself for examination in this subject only on a future occasion ; but if he be rejected in two or more subjects, the whole examination must be repeated.

23. The three stages of the third examination having been passed, a committee judges of the merits of the candidates, and the successful candidates are declared Doctors in Medicine and Surgery.

Foreigners desirous of obtaining medical degrees in Italian Universities must produce a diploma or degree obtained at some recognized foreign University, and satisfactory proof that they have actually gone through all the studies and passed the examinations required for the same. They must also pass the ordinary examinations for the medical degree, and pay the fees. The examinations are usually conducted in the Italian or the Latin language.

V. CLINICAL MEDICINE.

Induced Epistaxis for Headache.

The *St. Louis M. & S. Jour.* says that M. Coiffier (*Méd. et Thérap. Ration.*) recommends in congestive headache induced epistaxis. To produce a free nose bleed proceed as follows: cut a little piece of mustard paper, dip it in warm water, roll it up mustard side outward and introduce it for a few moments into the nostrils.

Epilepsy Caused by Dental Caries.

Dr. LIEBERT reports, in the *Deutsche Medicinische Wochenschrift* of September 10, 1885, three cases of epilepsy (one in its initiatory stage) which all showed a remarkable aura, viz., one beginning with a cramp or involuntary motions of the tongue. All three cases were promptly and permanently cured by the extraction of a decayed tooth, which in every instance had been the source of irritation. Liebert recommends, consequently, a careful inspection of the teeth in all cases of epilepsy which are characterized by this peculiarity in regard to their aura.

Acro-Neurosis.

Dr. POLLAK (*Weekly Med. Review*, October 31), saw a washerwoman, aged 60, who dragged her leg and said that last fall she had an attack of apoplexy and lost the use of her leg and of the opposite arm. The most interesting point in connection with this is that her leg from the foot to the hip becomes, at times intensely hot, and she must get up and apply cold water to it. Her arm on the other hand feels icy cold from the shoulder down. She evidently has some spinal trouble. There is no facial paralysis. She is doing well under a simple treatment of purgatives and massage along the spine.

Bronchial Urticaria.

The *Med. Record*, Nov. 28, says that Dr. RUELLE reports the following case in *Le Concours Médical* of October 17, 1885. A boy aged fifteen was attacked suddenly with a generalized eruption of urticaria, accompanied by fever, œdema of the face, and headache. In the evening his breathing became so oppressed that the writer was sent for in great haste. On his arrival he found the patient suffering from dyspnœa with whistling respiration, but there were no symptoms implicating the lungs; the cutaneous eruption had disappeared. In about half an hour the dyspnœa subsided, and then the eruption on the skin returned. The following day the same alternation of symptoms occurred, and then the trouble ceased. The author believes that the dyspnœa was due to an uticular involvement of the bronchial mucous membrane.

Borated Vaseline in Erysipelas.

The *Med. Record*, Dec. 12, says that Dr. ROMIG speaks very highly of boracic acid in vaseline, one part to twenty, as an application to the inflamed skin in traumatic erysipelas. It has an advantage over certain other applications, in that it causes no discoloration, and does not mask the redness of the skin, so that the progress of the disease toward recovery can be readily observed. The redness and tumefaction rapidly disappear, the pain is quieted, and a cure is obtained within three or four days. The application is made over the affected part, and for some distance around over the healthy integument, and is repeated morning and evening.

Malarial Amaurosis.

Dr. ROMBRO reports in the *Russkaya Meditsina*, No. 20, 1885, the case of a peasant who became suddenly blind without any apparent cause. On admission to hospital two days later, no ocular lesions were discoverable, but the man was found to be suffering from malarial fever and to have hypertrophy of the spleen. He was given quinine daily, and at the end of a week the sight began to return, becoming normal a few days later.

Dr. O. Petersen reports in the *Deutsche Medicinal-Zeitung*, No. 77, 1885, a precisely similar case which came under his observation during the Turko-Russian war, in which vision was restored in a few days by means of large doses of quinine.

An Antiseptic Inhalation for Whooping-Cough.

M. BOUCHUT (*Union Méd.*) suggests this preparation:

R. Essence of thyme,	2½ drachms.
Alcohol,	8 ounces.
Water,	24 “

This solution may be either used for inhalation, or be boiled and the vapor allowed to spread through the room in which the patient sleeps. The writer recommends that at the same time a teaspoonful of syrup of carbolic acid be administered three times a day. Five ounces of this syrup contain two grains and a half of carbolic acid.

Connection Between Affections of the Eye and Spinal Curvature.

The *Lancet*, Nov. 14, says that Dr. JASINSKI, a Polish physician, has traced a connection between errors of refraction and curvatures of the spine. In thirty-seven cases of curvature he was able to prove with certainty the previous existence of these or other abnormal conditions in the eyes, such as insufficiency of the internal rectus, astigmatism, asthenopia, etc. Myopia alone, however, does not appear to cause curvature. Unequal vision and insufficiency of the internal recti seem to be most efficient in the production of spinal curvature. Spasm of accommodation also is capable of producing it. Removal or relief of the eye affection is followed by improvement in the spinal curvature—a troublesome and obstinate class of cases in orthopedic practice.

The Diagnosis and Treatment of Pelvic Hæmatocele.

Dr. W. W. SEYMOUR read a paper on this subject before the New York State Medical Association. This affection occurs during the period of menstrual life, and is as common in nulliparæ as in those who have borne children. The author detailed the causes and mode of origin of hæmatocele, and the symptoms of this condition. A certain diagnosis is impossible before the expiration of several hours. The indications for treatment are to control hemorrhage and diminish shock. If there seem to be no tendency of the effusion to increase, rest is all that is necessary; but if it do increase and press upon the neighboring organs, aspiration of the uncoagulated portion is often beneficial; when suppuration has occurred, free opening is necessary; this should be done through the vagina or the abdomen, but never through the rectum.

Short Pulse with Mediastinal Tumor.

Dr. GÖTZE, in the *Berl. Klin. Wochensch.*, describes two cases in which a remarkably short pulse (*pulsus celer*) occurred in connection with a mediastinal growth verified *post mortem*. The pulse, which resembled that of aortic insufficiency, is thus explained. Owing to the enclosure of the heart in a space with unyielding walls by the abnormal growth, a strong negative pressure occurred immediately after each systole. The blood was accordingly powerfully aspirated into the right ventricle, thus permitting an easier emptying of the peripheral arteries. But besides this, the recoil wave against the semilunar valves was intensified by the rapid ventricular dilatation directly systole was over, and hence the positive arterial wave was lessened. Hence the sudden descent in the pulse curve. The above view is supported by the fact, that the recoil elevation is situated pretty high on the descending limb of the curve.

The History and Treatment of Thirty Cases of Diphtheria.

Dr. SAMUEL W. SMITH read a paper on this subject before the New York State Medical Society.

These cases were treated according to the method advocated by Dr. Billington. This consists of the internal administration, alternately, of tincture of the chloride of iron in glycerine, and chlorate of potassium; of thorough irrigation of the affected parts of the pharynx and nares with a solution of common salt, to which Dr. Smith adds borax; and of spraying the fauces with lime-water and carbolic acid. Of these thirty cases there were five deaths. The author was not attached to tracheotomy in laryngeal diphtheria. He was not a dualist, but inclined to the belief of the identity of membranous croup and laryngeal diphtheria. He thought that those who claimed to cure every case of diphtheria were not to be relied upon, but dealt rather with fiction than fact. Dr. Smith had given no alcohol or quinine in these cases, but kept his patients upon a strict milk diet.

Antiseptic Treatment of Croup.

The following is a plan of treatment recommended by M. RENON (*Journal de Médecine de Paris*, October 18, 1885).

The patient is placed in a well-ventilated room of medium size, the temperature

of which is maintained at from 68° to 75° F. Upon an oil-stove is kept a vessel, of a capacity of two quarts, in which the water is constantly boiling. Into this is put, every three hours, a tablespoonful of a mixture of salicylic acid, 56 parts; benzoic acid, 112 parts, carbolic acid, 280 parts, and alcohol, 468 parts. The stove is placed near the bed, and the steam impregnated with this mixture is conducted, by means of suitably arranged curtains, to the patient. The patient is kept in this atmosphere until the symptoms have entirely disappeared, and for two or three days after; and, if tracheotomy has been performed, until the wound is closed. A close watch should be maintained over the case, and if any symptoms of poisoning are manifested, the quantity of carbolic acid should be diminished.

Elevation of the Arms as an Indication of Peritonitis.

In the *Lancet*, Sept. 1885, p. 522, Mr. LEDIARD contributes the following note: A waiter, aged 22, was brought into the Cumberland Infirmary. He had been stabbed in the abdomen, and a foot of small intestine was protruding. On the following day he was observed to keep his hands above his head, in a position often assumed when one is lying on the grass in summer. Within twenty-four hours he was seen to raise the left thigh; later on, the knees were constantly drawn up and the hands were kept behind the head. Death occurred on the fourth day from general peritonitis. The author states that in peritonitis following operations for hernia, ovariectomy, etc., he has constantly observed patients lying with their arms raised; and he considers this position to be coincident with the commencement of peritonitis. When the inflammation is at its height, the hands will be clasped behind the occiput. The object is to lift all pressure from the distended bowel by fixing the diaphragm, thus making all the breathing thoracic.

Ophthalmia and Rheumatism of Joints.

Dr. ZATVORNITSKI publishes, in the Russian *Ophthalmic Review*, an account of two cases of rheumatic inflammation of joints following ophthalmia. The first was that of a young man who, while suffering from severe urethritis, conveyed the urethral secretion to his eyes. When the ophthalmia was at its height the wrist became acutely inflamed. The eyes were cured by applications of nitrate of silver. The joint inflammation, after continuing in an acute form for ten days, gradually began to subside so as to allow of the employment of active and passive movements. The second case was that of a newly-born infant in whom ophthalmia appeared in one eye. Through carelessness and want of proper attention the affection extended to the other eye, and lasted for about six days. When the ophthalmia was most acute, it was noticed that the right elbow and wrist became swollen and inflamed, and shortly afterwards the left ankle. The child's temperature was 40° C., and it was very prostrate. The joint inflammation continued for some ten days, after which it gradually subsided. The *Russkaya Meditsina* remarks, in reference to these observations, that the first case may be merely an instance of gonorrhœal rheumatism. This would certainly seem the most obvious explanation. May not a similar suggestion account for the second case also?

The Curability of Insanity.

Dr. PLINY EARLE (*American Journal of Insanity*) adds a most scientific statistical study to the literature of this subject. Some of his conclusions possess much interest from a theoretical and practical point of view. Thus, he observes that, so far as the statistics presented are an indication, the recoveries in British asylums, both in recent cases and of all patients admitted, exceed the recoveries in American institutions by between eight and nine per cent. The most important general conclusions to be derived from the statistics included in this paper are, first, that the old allegation of curability in a very large majority of recent cases is not sustained, and that a failure to sustain it is more apparent and more striking than at any antecedent time; and, secondly, that the percentage of reported recoveries of all cases received at the hospitals in this country still continues to diminish. The author of the paper pertinently observes that the diminution is perhaps in part attributable to the admission of a larger proportion of chronic cases and of cases of greater degeneracy from their origin, in part to a more stringent interpretation of the meaning of the word recovery, and to greater conscientiousness in the compilation of statistics.

Syphilis, Ataxy, Cardiopathy.

The *Medical Record*, December 12, says: The clinical and pathological labors of many authors attest the not infrequent association of heart disease with locomotor ataxy. Charcot and Vulpian some years ago pointed out the association; but Berger and Rosenbach, in 1879, gave more precise information on the subject. In seven cases of ataxy observed by them an insufficiency of the aortic valves was observed. MM. Grasset, Jaubert, Teissier, Weber, and others, have written on the significance of this combination of diseases. A *résumé* of the subject is published in the *Lyon Médical*, in an article contributed by M. Bouveret. The chief question that occupies his attention is the relation of syphilis to locomotor ataxy and to cardiopathy. In some cases the cardiac disease can only be regarded as the result of rheumatism or atheroma, and its coëxistence with locomotor ataxy must be looked upon as a coincidence. On the other hand, disturbances in the nervous system may originate derangement of the heart. Lastly, there is the possibility of the dependence of the aortic disease on syphilitic processes, which have also been operative in the causation of tabes dorsalis.

Iodoform in Gout.

Professor TESTA (*Gazz. Med. di Torino*, 1885), recommends the use of iodoform in gout. From several experiments and clinical observations, he arrives at the following conclusions: 1. Iodoform augments the daily excretions of urea, while it accelerates the organic changes of matter and the process of oxidation. 2. The quantity of uric acid which is excreted daily with the urine, under the use of highly nitrogenized food, is diminished, inasmuch as, through acceleration of the process of oxidation, the conversion of uric acid into urea is increased. Oxaluria is diminished, through conversion of the oxalic acid into carbonic acid and water. 4. In gout, the amount of uric acid in the blood is diminished through an increase of the organic changes. 5. Hence iodoform is to be regarded as a rational remedy, fulfilling the primary indication in gout. The quantity of

iodoform given daily by Dr. TESTA amounted to from sixteen to twenty centigrammes ($1\frac{1}{2}$ to 3 grains). In seven cases of gout in which it was given, the paroxysms became less frequent, and their intensity and duration were reduced. It appears, however, to be contra-indicated, or at least to require great caution in its use, in cases where gout is complicated with an affection of the kidneys.

Treatment of Pneumonia by Intra-parenchymatous Injections.

In *L'Union Médicale*, August, 1885, M. LÉPINE advocates the use of a very weak solution of corrosive sublimate as an injection into the lung, on about the third or fourth day of an attack of pneumonia, with a view of preventing the extension of the disease. About 20 to 25 cubic centimètres of 1 in 40,000 solution of bichloride of mercury, are injected into three or four parts of the lung, chiefly near the periphery of the lesion. By this means it was observed that:

1. At the seat of infection an immediate diminution of râles and tubular breath-sounds took place.
2. Later on, sometimes an exacerbation of temperature was noticed.
3. The following day there was a great improvement in the general condition of the patient.
4. A very much earlier resolution than there is in ordinary cases.

The author injects 20 to 25 cubic centimètres of 1 in 40,000 solution of bichloride of mercury. Care must be taken to keep away from the large vessels at the hilus of the lung.

Lactic Acid and Tubercular Laryngitis.

The *Brit. Med. Jour.*, November 21, says that a discussion has taken place in the Berlin Medical Society on the value of lactic acid in laryngeal tuberculosis. Dr. KRAUSE stated that, of fourteen undoubted cases he had treated in this way, some were improved, and some completely cured. The least satisfactory cases were those where the posterior wall of the larynx was affected; also those where there was a lesion below the vocal cords which could not be well brought under the influence of the application. The voice improved, also the power of swallowing, and the general condition of the patients. Dr. Rosenberg confirmed the statements of Dr. Krause as to the good effects of lactic acid, but, for his own part, was still more satisfied with the results of a twenty per cent. solution of menthol. He was also treating pulmonary phthisis with menthol inhalations. Dr. Lublinski had had a certain amount of success with lactic acid, but found that, after the ulcers had healed, they again broke out. Professor Virchow pointed out that when these ulcers healed, a cicatrix only was formed, not true mucous membrane. He hoped that further observations on this subject might be made, especially on cases that had healed for some time.

A Case of Idiopathic Purulent Peritonitis in a child of Ten Years, with Autopsy.

Dr. SAMUEL WEST thus writes in the *Med. Press*, Nov. 18: Julia S., æt 10, after a wetting, was suddenly seized with intense abdominal pain. There was no rigor, but vomiting was severe. The pain and vomiting continued severe until

her admission four days later. The bowels had not acted since the commencement of her illness, there was no personal or family history of importance, the physical signs were all abdominal, great distension, pain, and tenderness. No tumor felt, but there was thought to be a little dulness in both flanks. Skin hot and dry, but temperature only 99.8° , pulse 100, resp. 28. Vomit frequently, yellow, acid, but not fæcal. Poultices and opium were ordered. On 14th, symptoms unrelieved, and bowels still unmoved. On examination per rectum, a baggy swelling, of indefinite nature, was felt high up in pelvis. On 15th, the condition of the patient being worse, and all symptoms unrelieved, the abdomen was opened by a mesial incision. Pus found, chiefly in lower part, and evacuated. Cavity washed out, and drainage tubes inserted. The child nearly died of collapse upon the table, but rallied sufficiently to be removed to the ward, where she died about six hours later. The autopsy revealed acute suppurative peritonitis, but no cause for it could be found; the whole of the intestines, abdominal glands and organs were perfectly healthy. The case was, therefore, one of idiopathic purulent peritonitis. Such cases are rare.

The Curability of the Chronic Form of Infantile Paralysis (Polio-myelitis Anterior Chronica).

Before the *Canada Medical Association*, Dr. JAMES STEWART read a paper on this subject, saying the development of the paralysis had been slower and less febrile than in many instances observed, and had been preceded by diarrhoea. The patient was treated with galvanism, and made a good recovery. Dr. Stewart thinks that cases of this character are more amenable to treatment than those with more rapid and acutely febrile onsets. He advised persistent and careful treatment with galvanism, instead of consigning them, as is so often done, to the category of cases for which nothing can be done.

Dr. Holmes considered the case of value, as encouraging the general practitioner to persevere, in the hope of ultimately restoring limbs threatened with permanent paralysis. He inquired whether any other form of treatment in addition was serviceable; also what the reader's views were as to the pathology of the affection.

Dr. Stewart, in reply, said that galvanism is the only thing to be relied upon. It is not definitely known whether the changes are primarily inflammatory or purely degenerative. As regards prognosis, it is important to separate the acute from the subacute and chronic cases.

Malarial Gangrene.

Dr. BLANC, in a contribution to the study of malarial gangrene, in the *Archives de Medecine et de Pharmacie Militaires*, November 1, 1885, concludes:

1. Cold and serious pulmonary disease should be placed among those causes which play an important part in the production of local asphyxia and malarial gangrene.
2. Exposure of those suffering from malaria—their sudden transition from warm to cold countries—may occasionally produce local asphyxia and malarial gangrene.
3. The antiperiodics, quinine and arsenic, seem to constitute the best treat-

ment for the complications attending the disease. They may arrest and cause the local asphyxia to disappear completely; they may check and limit the gangrene, but here the specific action seems less sure and rapid than in the state of asphyxia. The well-known difference in the action of quinine upon visceral lesions, according as they are congestive or sclerotic, is here observed, though in a mild degree.

4. From a surgical point of view, in the treatment of malarial gangrene it is advantageous to operate only when the progress of natural elimination has ceased. The gangrene being dry, danger of infection is remote. The difficulty of at first distinguishing parts which are mortified and those simply the seat of prolonged local asphyxia, is a further reason for tardy operation.

Malarial Fever Followed by Paralysis.

Dr. W. F. COOPER reports the following case in the *Mississippi Valley Med. Mo.*, Nov. 4, on account of the rarity of such a sequel to malarial fever:

On September 7th I was called to see the son of W. J., white, aged six years, who had had a chill the previous day. His pulse was 128, temperature 103° F., skin dry and hot, pain in stomach, tongue heavily coated with a brown fur, streaked with black. I diagnosticated remittent fever as the principal trouble, but suspected worms caused the condition of the stomach.

Three grain doses of hydrarg. chlor. mit. were given every hour for three hours; then three grains of santonine every two hours, for several hours, to be followed by castor oil and turpentine. Three minims of tr. of veratrum viride were given every hour.

The purgatives and vermifuge caused the evacuation of several lumbricoids.

On September 9th, when I saw him again, his condition was further aggravated by a general paralysis. I ordered five grains of quinine every four hours, and one-half grain of calomel alternately every hour for eight hours, with one-half grain of ipecac.

This treatment was continued at a visit on the 11th instant, and on the 13th instant the paralysis had left him. He recovered rapidly.

The Cure of Pulmonary Gangrene by the Inhalation of Air Impregnated with Carbolic Acid.

The *Med. News*, quoting from the *Gaz. Med. de Paris*, tells us that Dr. CONSTANTINE PAUL, at the recent meeting of the Congress for the Advancement of Science, called attention to the efficacy of carbolic inhalations for the cure of pulmonary abscess.

Seven cases were reported in which the remedy was successfully applied, no failure being recorded. Dr. Paul, in considering the value of the proposed remedy, compares the results obtained with those secured by the inhalation of aromatics, etc., which are eliminated entirely through the pulmonary and bronchial apparatus. These, with the exception of eucalyptus, are pronounced valueless, because not possessing the power of checking putrefaction in the pulmonary tissue.

As a probable explanation of the method by which the carbolic acid acts in

checking the putrefactive process, M. Paul refers to the results obtained by various bacteriologists, who have found this agent efficient in the destruction of bacteria.

In view of the fact that pulmonary gangrene is regarded by most authorities as almost constantly fatal, M. Paul considers the results obtained as noteworthy, and that the method is an acquisition to the therapeutics of the disease, and worthy of further trial.

Neuropathic Œdemas.

To the *Archiv. Gén. de Méd.*, MM. MATHIEU and WEILL contribute an important study of these interesting phenomena, based on two cases under Professor G. Sée in the Hôtel-Dieu. In one of the cases there were severe pains in the lower limbs, due to implication of the spinal column and the cord in malignant disease; in the other case there were characteristic symptoms of tabes dorsalis, with severe lightning pains in the legs. In both cases there were areas of œdema confined to the parts where the pain was most severe; this was especially prominent in the tabetic case, and invariably followed a severe attack of pain. The authors trace the development of our knowledge of the influence of the nervous system in the production of local œdema, and show that œdema has been noted as a consequence of injury to nerve trunks, to the cord, and as a result of cerebral hæmorrhage. They also contend that cases of a certain type, and which are usually regarded as belonging to subacute rheumatism, but which are found to have their determining cause in over-work, are neuropathic in character. They support their contention by reference to the opinion held by some authorities, that in the pathology of both gout and rheumatism, the nervous system plays an important part. Neuropathic œdema is, as a rule, hard, resistant, and may be painful on pressure; it may pit somewhat on pressure, but when it does, the depression disappears rapidly as compared with ordinary œdema. In tabes these œdemas are held to belong to the same category as the herpes, purpura, and other well-known cutaneous manifestations.

Opisthoporia.

The *Lancet*, Sept. 26th, says: This rare disease (*ὀπισθε*, backwards; *πορεία*, a going) has just been described more fully than heretofore by Dr. Mazzotti, in his "*Storia Clinica e Necroscopica di un Uomo che presentò il Fenomeno di andare all' indietro*" (Clinical and Necroscopical History of a Man who Presented the Phenomenon of Going Backwards). The man in question was sixty-six years of age, and for a year before he entered hospital was subject to giddiness. He was a hard drinker, and became so, as he said, because he "suffered from scorbutus." He got rid of his scorbutic affection, but shortly afterwards he found that instead of going forwards when he tried to walk he went backwards. On putting his feet to the ground he swayed somewhat from side to side, stretched his legs apart like one afraid of losing his balance and falling, and when exhorted to walk he moved with great effort, stepping backwards. He was for five months in hospital, during which time he was often made to test his walking powers, but always with the result above stated. He ultimately died of ulcerous colitis, and on post-mortem examination the intracranial nerve-centres presented no other

appearances than a slight degree of leptomeningitis and a highly atheromatous condition of the arteries at the base. Dr. Mazzotti's conclusion is that the phenomena presented by his patient during life were due to a simple disturbance of the endocerebral circle (*un semplice disturbo di circolo endocerebrale*), and he agrees with Nothnagel, that "to the clinical phenomenon of going backwards in walking no value can be attached as diagnostic of a localized cerebral lesion."

Argyria.

Dr. T. HODGE JONES thus writes in the *St. Louis Med. and Surg. Jour.* Sept. 1885: John T. White, aged fifty-seven years, whom I met on the street August 16th, 1884, furnishes the subject of this report. He resides at Westport, in Jackson county, Mo., is paralytic in the right arm, which is less than its fellow and swings aimlessly at his side. His hair and beard are mixed brown and gray. The color of his skin and sclerotica is deep leaden or almost black. His intellect is somewhat impaired, and his voice and movements are unsteady but strong. He was subject, when young, to epileptic paroxysms, for which his physician prescribed nitrate of silver. He thinks he took the remedy for nearly ten years, and when about fifteen years old was entirely relieved of the epilepsy. The argyria is very marked, and examination showed white places at the site of wounds and scars that have occurred since his discoloration; the cicatrices are covered with skin of a normally white appearance. These patches suggested the practicability of successful restoration of the color of the face and hands by means of grafts of white skin from another person. I think if a patient is young and of good intellect, the attempt is justifiable.

Theoretically I would administer the chloride of sodium or carbonate of ammonium internally, and expect to see a benefit in course of a long time. Mr. White is a curiosity, and could easily make a good living by exhibiting himself for a price. His is a case worthy of careful study by any physician, and I report it because it is one rarely seen in which the macula argentia is so marked.

A Case of Periostitis of the Spine, Accompanied by Tetanic Spasms.

Dr. WM. BUDD thus writes in the *Brit. Med. Jour.*, Sept. 26: R. M., a gentleman of active habits, had been affected for the last nine months with symptoms of periostitis. The spine and the bones of the pelvis were the parts chiefly affected. When he consulted me, there was much tenderness on the spinous processes of the third and fourth dorsal vertebræ, and also on the sternum. He had also suffered from severe pains in his limbs and trunk generally, which the least motion aggravated; coughing, sneezing, or laughing, produced agonies of pain in the back and ribs. The pains were greater at night. A few days before applying to me, a new symptom came on. He became affected with sudden attacks of tetanic spasms, which fixed his limbs and extended his trunk, throwing his head back. It was a sudden shock, which relaxed again instantly. He found that the best way to avoid their recurrence was to lie on his back, and remain perfectly still. On inquiring into his past history, he told me he had had a sore on his penis seven years previously, accompanied by bubo, which was followed by nodes

on the shin-bone. He experienced salivation from the treatment pursued at that time. Feeling sure that his symptoms were a manifestation of the syphilitic virus, I ordered him a mixture containing five grains of iodide of potassium and five grains of Plummer's pill every night at bedtime. After taking these for a fortnight, he was greatly relieved in all his symptoms. The tetanic spasms had not returned since taking the medicine. A fortnight later he was entirely relieved from his symptoms, and had gained strength and flesh. The next time I saw him, he expressed himself as perfectly cured.

Onomatomania.

CHARCOT and MAGNAN (*Archives de Neurologie*), have, under this somewhat formidable designation, drawn attention to a series of mental symptoms in which a name or a word plays a prominent part. In order that the preoccupation with the word shall attain such dimensions as to provoke positive anguish, and that such preoccupation shall repose upon an urgent, active seeking after the word—upon a possession, an impulse—it is, of course, necessary that the psychological substratum should possess particular attributes. This assemblage of conditions, like that present in *folie de doute*, perversions of the sexual feelings and inversion of the latter, fear of pins, dipsomania, etc., can only be developed in those who are predisposed. "All these conditions, so numerous and so variable, confounded under the designations of insanity with consciousness, reasoning mania, mania without delirium, pseudo-monomania, etc., are only psychical stigmas of hereditary insanity." Moreover, these episodic conditions may be determined by the most trivial causes; the remembrance of a trifling incidental circumstance may give rise to the agonizing search after the name. In order to thoroughly appreciate the part which the word is capable of playing in the preoccupations of those afflicted by hereditary predisposition to mental weakness, it is necessary to examine the principal conditions to which it may give rise: "1. The harrowing search after the name or the word. 2. Continuous besetting of the mind by the word which imposes itself, with an irresistible impulse to repeat it. 3. The particularly portentous significance of certain words occurring in the course of conversation. 4. The preservative influence of certain words. 5. The word becomes a veritable solid body to the patient, inadvertently swallowed, pressing heavily upon the stomach, and capable of being rejected by expectoration."

Treatment of Phthisis.

The *Lancet*, September 5, says that the unsatisfactory state of the treatment of phthisis and the position of M. Germain Sée as a practical physician may be regarded as sufficient reasons for a reopening of the investigation of terpine as a therapeutical agent. A careful account of M. Sée's study of the subject may be perused in the *Bulletin de l'Académie de Médecine*, No. 30. Terpine is believed to be a powerful agent in modifying the respiratory mucous membrane, and in diminishing morbid secretions. It is said to diminish, and even to cause to disappear altogether, the purulent secretion of catarrhal forms of phthisis. The muco-purulent secretion that proceeds from the bronchial tubes irritated by tubercles, and that which comes from the walls of pulmonary cavities, are the

indications for the use of terpine whenever these secretions are sufficiently abundant to exhaust the patient. Terpine is useful in the hæmoptysis of incipient tuberculosis—that is, before the development of cavities with aneurisms in their walls. In the treatment of catarrhal pneumonia and chronic bronchitis, independent of asthma, that only induce dyspnœa by plugging of bronchi, terpine constitutes the best means of lessening the bronchial hyper-secretion. Its prompt action and freedom from disagreeable physiological effects ought to make it a preferable preparation to those containing impure forms of turpentine. On account of its perfect harmlessness and easy digestibility it has advantages over creasote. The best method of administration is in the form of a pill, or as an alcoholic preparation; the most convenient dose is one gramme. In nervous asthma, whether emphysematous or catarrhal, iodine and pyridine are incomparably superior to terpine. Terpine is a derivative of turpentine; it is the binhydrate of turpentine, and may be represented by the following formula: $C_{20}H_{16}(H, O_2) + 2(H_2O)$. It is formed by the direct union of its component elements when turpentine is allowed to remain in contact with water.

Hepatic Abscess.

Dr. E. J. BEALL thus writes in the *Texas Courier Record of Medicine*: Within a period of one week early in September last, I saw in consultation three cases of the pathological condition heading this article.

The history of each case indicated that dysentery had existed three to six weeks prior to the diagnosis of liver abscess.

Two of the abscesses were large—one very large the subject very much emaciated and very feeble.

In two of the cases free openings were made, drainage tubes inserted, and daily injections with antiseptic washes, varying the washes frequently.

In one case, believing an abscess existed (from the symptoms present), an aspirator needle was introduced and three or four ounces of pus was evacuated.

All three cases have recovered, or rather, two of the cases have recovered, and the severest case satisfactorily improving. The result led me to infer:

First, That the opening into the pus cavity shall be made free, and at the point that close physical examination shall indicate that nature is essaying to approach the surface.

Second, That drainage tubes shall be used from beginning to end, shortened as thought advisable during the progress of the case.

Third, That strict antisepsis within the pus cavity as well as at the external opening of the tube be rigidly enforced.

Fourth, That antisepsis shall be varied daily, being careful to avoid toxic results from bichloride and carbolic acid solutions, these to be attenuated well and only occasionally to be used.

Fifth, That the aspirator should be relied upon only in small abscesses, and when there is fair strength of constitution that will bear repetition if needed, or subsequent resort to incision.

Sixth, Coupled with the above surgical treatment, the medicine shall be of such constructive and supportive therapeutics and dietetics as shall be suggested to the physician in charge of each individual case.

Desquamation Extraordinary.

Dr. J. T. LAFFAN thus writes in the *Lancet*, Nov. 2: I was riding home a few days since after my daily visit to the district hospital, when I met upon the road a man carrying a woman upon his back, and another woman following close behind with a chair. They stopped, the chair was placed, and the man sat down; they had travelled thus many miles. The woman was unable to walk owing to the tenderness of her skin. Her entire body was of a pink color, save here and there where huge flakes of desquamating skin still adhered. The finger and toe-nails were absent.

The following is the history of the case: The woman, a Cypriote peasant from the north of the island, thirty years of age, had been married twelve years, and had eight children; she had never been otherwise ailing, and there was no history of disease in her family. In the month of March, 1876, she noticed some little red spots about her feet. These spread (numerically) over her legs, and soon the whole body was covered with the eruption. The skin after some days came away in large flakes, first from the extremities and later from the entire body. As each flake dropped the new pink skin appeared beneath. This process of desquamation and renewal continued for eight months. She had no pain and no constitutional disturbance; she ate well and slept well, and were it not for the inability to walk owing to the tenderness of her feet, she was "as well as ever." Again in March, 1879, she had a renewal of the same peculiar disease, also lasting about eight months and running the same course, and a repetition in March 1882; and this year in March the red spots again made their appearance, and the woman's condition is as described above. She had never before consulted a medical man, and the only treatment had been to rub her with oil of sesame, called here "Georgiolina." This oil has great repute as a remedy for diseases of the skin. It appears to act as an emollient, and allays itching. The woman does not complain of any itching except where flakes of skin are semi-attached.

Diabetes and Locomotor Ataxia.

Before the Practitioners' Society of New York (*Medical Record*, October 17), Dr. DANA brought up the subject of the relation between diabetes and locomotor ataxia. A patient who had been treated by a competent physician for locomotor ataxia came to him supposing herself to be suffering from that disease. On examining the urine sugar was found, and there were symptoms of diabetes quite well marked; there were also symptoms of locomotor ataxia rather more strikingly marked than those of diabetes; loss of tendon reflex, a peculiar gait with a certain amount of uncertainty in the movements, pains, especially in the legs, etc.; but she did not have the symptom of inability to stand with the eyes closed, there was absence of the Argyl-Robinson pupil, the pupils were natural, etc. There had been persistent insomnia, which is rather more characteristic of diabetes than of tabes. Under treatment for locomotor ataxia she was growing worse, but under diabetic treatment she had been improving.

Dr. McBride thought it was not always easy to make a differential diagnosis between diabetes and locomotor ataxia. Since reading an article, some time since, on the patellar reflex in diabetes, he had observed and found its absence and presence about equal, and had also found that it was absent in temporary

glycosuria, and that it returned on the disappearance of the sugar from the urine. He then referred to a case of diabetes in which there was diplopia, absence of patellar reflex, presence of fulgurating pains, with some disturbance of equilibrium on standing with the eyes closed, a history of facial paralysis occurring some years before, etc., and he certainly, a few years ago, would have regarded the case as one of locomotor ataxia. But he had not seen a case of diabetes in which the Argyl-Robinson pupil was present, but there had always been a great improvement in the nervous symptoms, with the disappearance of sugar from the urine, under the use of iodoform and Clemen's solution (arsenite of bromine).

Cerebral Softening and Facial Ecchymosis.

The *Lancet*, October 31, says: An interesting combination of cerebral disease with facial extravasations of blood is reported by M. KLIPPEL, in No. 8 of the *Annales Medico-Chirurgicales*. The patient was a woman sixty-seven years of age, whose previous history was very imperfect, owing to her abnormal mental condition as well as to her lack of friends. Although there was no actual paralysis and no rigidity of the legs, yet walking was impossible for her. All the limbs were wasted, and the fronts of the legs exhibited a pigmentary marking. The knee-jerks were absent, and there was incontinence both of urine and fæces. The arteries of the limbs were markedly atheromatous, and though the heart sounds were altered from the normal, there was nothing pointing to gross valvular lesion. Whilst the patient was in this condition of dementia, and at the end of two months after her admission to the hospital, ecchymosis of the face supervened. It was certain that she had sustained neither a fall out of bed nor any sort of injury. The sanguineous extravasation began at the inner canthus of the left eye, and gradually spread thence. Some hours later a like condition came on in the inner canthus of the right eye. At the end of two days the whole of the upper half of the face became infiltrated with blood; very slowly this ecchymosis passed through the various stages of a fading bruise, and finally disappeared, with the exception of two symmetrical ecchymotic spots on the anterior part of each thigh. There were no other signs of purpura, either cutaneous or mucous. Signs of scurvy were wanting, and there was no fever. The reporter discusses the possibility of the ecchymosis being due to the influence of the nervous system, but inclines to the view that the causes were several, though chiefly vascular and nervous. Many cases are now on record of blood extravasations occurring in the course of diseases of the nervous system, and this clinical experience, together with the facts of experimental pathology, seem to place beyond doubt the potency of the nervous system to rupture vessels.

Acute Glossitis: Incision: Recovery.

Dr. W. S. ROBERTSON thus writes in the *Brit. Med. Jour.* September 5th: Mabrook el Soudani, an Arab laborer, aged 27, was admitted at noon on June 25, 1885, suffering from "une affection extraordinaire de la bouche." The following history was in part obtained at the time, but the whole not until he was considerably better and able to articulate properly.

There was no traumatic history. His tongue had commenced to swell ten days

previously. There was nothing in his family history to account for it, and he had enjoyed perfect health previously to the enlargement. He was sitting on the edge of the bed, with his head bent slightly over a basin, saliva running freely from the mouth. On raising his head, his mouth was seen to be almost wide open. The tongue, protruding about an inch, was enlarged to at least three times its normal size; it was much coated, purplish in color, and hard to the touch, but he had little or no pain even on manipulation. The tongue was quite moist from the excessive salivation. There was no fluctuation. He could scarcely swallow, and his breathing was considerably impeded. The concavity under his chin was entirely gone; in fact, there was a slight convexity from the chin to the root of the neck, from enlargement of the tonsils and surrounding parts. His temperature was 102° Fahr., and his pulse 100. A diagnosis of acute glossitis was made; and, a cord having been passed through the tip of the tongue, so as to ensure a good hold of it, two long incisions were made, one on either side on the under-surface. A good deal of hemorrhage followed, and was encouraged by hot water.

On seeing him the following morning, the sudden improvement that had taken place was striking. The tongue, although twice its usual size, was now withdrawn into the mouth, and the salivation had greatly diminished. His temperature had fallen to 100° Fahr., and his pulse to 90° . He was ordered a smart purgative, with chlorate of potash (twenty grains to one ounce) for a wash and gargle. He was put on milk-diet. From this time he continued to improve, and on the second morning he said he wanted to eat. For a day or two there was a slight hardness on the left side of the tongue, in its middle third, which gradually disappeared. There never was at any time the slightest sign of bite or abrasion. He was discharged on July 10th, quite well.

Cocaine in Sea-Sickness.

In a preliminary report on some observations upon "cocainum muriaticum," Dr. MANASSEÏN, of St. Petersburg, gives an interesting account of the employment of the drug in sea-sickness (*Berl. Klin. Wochensch.*, August 31st). He had read of its value in uncontrollable vomiting of pregnancy, and thought it might be useful in sea-sickness. He therefore went this summer on a sea voyage in order to test its efficacy. Among his fellow passengers were two, a man and woman, who were especially prone to the malady. He administered to each of them every two or three hours a teaspoonful of the following solution: Muriate of cocaine (0.15), rectified spirits of wine (in sufficient quantity), and distilled water (150.0) beginning the administration on starting. That it had a prophylactic effect seemed clear, for in spite of very rough weather for a period of forty-eight hours, both the individuals were for the first time in their lives free from sickness, and enjoyed a very good appetite the whole time. To a child six years old, who began to be attacked with sea-sickness on rising in the morning, the treatment was so effectual that it was able to play about during the day, in spite of the storm. The child took one teaspoonful in two doses during the first half-hour, and then half-a-teaspoonful every three hours. Another case was that of a girl, eighteen years of age, who had been sick for twenty-four hours before the drug was given. The case being a severe one, she had a double dose every

half-hour, with "truly magical effect;" for after the second dose the patient was able to assume a half-sitting posture, and after the sixth dose she jested and began to complain of hunger. During the rest of the voyage she remained well, although there was much rolling of the vessel. Similar good results attended the use of the drug in three milder cases; and had it not been that his supply ran short Dr. Manassein would have been able to make more extended observations. Still, from the experience of these few cases, he thinks it justifiable to infer that in the drug we have a certain and harmless remedy against sea-sickness. In the same communication he mentions that he had found "cocainum muriaticum" of great service in arresting the collapse of two severe cases of simple cholera, and thinks it desirable to try its action in cases of Asiatic cholera.

Displacement of the Liver.

Dr. H. W. SEAGER thus writes in the *Brit. Med. Jour.*, September 26:

I have at present under my charge a case of apparently spontaneous displacement of the liver. The patient is a woman, aged about 45, and a free drinker. I have been attending her for some time for ascites, flatulence, etc., arising from her habits. Five days ago I saw her for the first time in bed, and she then called my attention to a hard swelling in the abdomen, which she told me she had first noticed two or three days previously. I found on palpation that this was a rather enlarged liver, with a somewhat nodulated surface. It appeared to be lying diagonally, with the anterior border in the right inguinal region, the upper surface of the right lobe being distinctly to be made out in the right lumbar and umbilical region; the left lobe projected partly below the ribs, but was not so completely displaced as the right lobe. As there was tenderness about the (normally) posterior border, I was not able to satisfy myself whether this part of the liver was entirely clear of the ribs, but it seemed to lie just free of them. Percussion over the natural position of the liver gave a clear, somewhat tympanitic note. There was no pain nor tenderness, except just about the lower right ribs. I found that with gentle pressure I could partly restore the organ to its proper position.

The patient had not felt the liver slip from its place; and, as I have had no previous opportunity of making an examination, I am unable to say how long the viscus has been in its present position. The patient has had a severe bronchial cough for some time, but that has been less troublesome for about a fortnight; she has also suffered from vomiting and severe retching, but this had also improved some days before she first noticed the swelling. The walls of the abdomen are thin, and the shape of the liver and its present lower border can be distinctly made out with the fingers. There is some tenderness, though slight, about the gall-bladder. The skin is decidedly jaundiced, but the yellow color is not so deep as I have seen it. The conjunctivæ are, if anything, less yellow than I have seen them previously. The bowels act regularly, and flatulence is considerably less than it has been. Appetite has been bad for a long time.

I think it probable that, the intestines being no longer distended with gas, the liver has fallen, through its own weight, into the abdomen, during an attack of vomiting and retching.

Instantaneous Death by Lightning.

On August 20, 1885, Dr. FORMAD was summoned (*Polyclinic*) to inquire into the circumstances of the death of Mary R., a mulatto woman, aged 61, resident of West Philadelphia, and said to have been killed by lightning the evening before. Dr. Formad did not at first feel convinced that lightning had been operative in causing the death of the woman, because there were no visible marks on the body, or evidence of any kind at the locality of occurrence. The testimony, however, of reliable witnesses, and the fact that a severe thunder-storm prevailed at the time of her death, supplied confirmatory evidence concerning the alleged cause of destruction of life. The deceased was a robust woman who had always enjoyed excellent health. On the day of the accident, she, with her husband, nephew and son, were seated, in the order mentioned, on a wooden bench, which was placed under a tree. The individual killed was seated on the end approximated to the trunk of the tree. The storm was approaching, and as the rain had not commenced to fall, they remained watching the unusually heavy clouds. Suddenly the flash occurred, instantly killing the woman, rendering temporarily unconscious the nephew, and occasioning a transient anæsthesia of the feet of the husband. The nephew remained totally unconscious for about twenty minutes, and partially conscious for five or six hours, by which time he was thoroughly himself. The only pain experienced was a deeply-seated epigastric, which persisted for forty-eight hours, and headache of one day's duration. The anæsthesia, which was limited to the lower extremities, was pronounced for two days, when it began to ameliorate, and in the course of a week had entirely disappeared. The sphincters escaped and there were no local paralyses. In this case careful examination failed to discover any traces of lightning-burn. The husband simply suffered slight numbness of the feet, which lasted for an hour or two and disappeared. Interrogation revealed the fact that the nephew did not experience any pain at the reception of the shock, and the only thing he remembers is his recovery of his senses, just as if wakening from a deep sleep, with a loss of power and sensation of extremities, for the cause of which, until the commotion was explained, he possessed no satisfactory solution. The husband experienced a sense of pain accompanying the shock.

Paralysis from Exposure to Cold.

The *Deutsche Med. Wochensch.* of June 4, contains a report by Dr. POENGEN, assistant to Professor Czerny, of Heidelberg, of a case of paralysis in consequence of exposure to cold. The patient was a young man, aged 20, who spent a night in January, from midnight till 8 a. m., out of doors, lying on his right side on the ground in a state of intoxication. He was unconscious when found, and remained so until the evening, when severe pain in the right arm came on, which, together with a wound on the forehead, necessitated his removal to hospital on the third day. The arm below the elbow was found slightly bent, and in a position between pronation and supination, the fingers also being somewhat flexed; and this position was retained with a certain amount of rigidity. The skin was neither reddened nor discolored, and a little œdema was the only apparent disturbance of circulation. The flexor muscles were swollen, very hard, and very

tender on pressure. Muscular power and sensibility were diminished in the lower part of the arm; the hand could not be clenched, and extension of the wrist and fingers, with supination, was very painful when passively performed. The biceps was somewhat tender on strong pressure, but sensibility was intact all over the upper arm. The right leg presented similar changes on its outer surface, the muscles being tender and the sensibility diminished. Temperature, 38.3°C . (100°F .) The sensibility quickly improved, and was recovered in five days. The swelling abated in three days, and was replaced by diminution in size, amounting to about 1 centimètre in both extremities, which still persisted when the patient was discharged at the end of a month. The tenderness and the functional disturbances of the muscles improved also, but hard painful lumps developed in them, subsequently becoming less prominent than at first. Electrical examination, undertaken once after a fortnight, and once at the end of four weeks, showed irritability for the induced current to be diminished, and that for the galvanic current normal, while the nerve-conduction was intact. The question to be decided is whether the paralysis was muscular or nervous in origin; and, judging from the history and progress of the case, with the preservation of the nervous conduction and the presence of cicatrices in the formerly inflamed muscles, Dr. Poensgen had no hesitation in pronouncing it to have been muscular, the result of the exposure to cold.

Pneumonia Treated by Intra-Parenchymatous Injections.

The *Lancet*, September 5th, says: Boldness may certainly be necessary for success even in the treatment of disease. But what shall we say of Lépine's argument in favor of the local treatment of fibrinous pneumonia by intra-parenchymatous injections? (*L'Union Médical*, August 22d.) If, says Lépine, an injection of a few cubic centimetres of a very weak aqueous solution of corrosive sublimate be made into the hepatized lung on the third or fourth day of the disease, in three or four places equidistant a few centimetres from one another, and preferably at the periphery of the lesion, with a view of preventing the extension of the disease, the following phenomena are observed: (1) At the seat of infection an immediate diminution of the crepitant rales and tubular breath-sounds, which are in part replaced by respiratory silence and some larger rales; (2) sometimes, later, a transient exacerbation of the temperature of body; (3) the next day a great improvement in the general condition, and notably a precocious desferescence; and (4) a resolution which, to judge by the persistence of the "souffle," especially in the hepatized parts that have not been treated, takes place very much earlier than would have been the case under ordinary circumstances. As to the relative innocuousness of the intra-pulmonary injections in the doses employed (20 to 25 cubic centimetres of 1 in 40,000 solution of bichloride of mercury), when care is taken to keep away from the large vessels at the hilus of the lung, and not to penetrate the lung more than 3 to 4 centimetres, M. Lépine urges that he has not lost a single patient, and has not had one accident. The only inconvenience is the pain, but this is not great, and may be still further relieved by adding morphia to the solution. After the introduction of the sharp needle, and before the syringe is fitted on, a few drops of blood are allowed to escape; the injection must not be delayed, or the needle will become plugged. When the

needle is inserted into healthy lung or into tuberculous lung, it does not as a rule yield blood. In the healthy lung such injections produce sufficiently defined lesions. Experiments on the lungs of healthy dogs showed that at the site of injection of a rather stronger solution than that mentioned above there was a circumscribed and indurated area, which was made up of blood and congestive œdema. The lesions were less marked with the 1 in 40,000 solution.

Sudden Death from Œdema of the Glottis.

Dr. W. J. JONES thus writes in the *Medical Times*, October 3: The following case will serve to show the clinical significance and pathological conditions of œdema of the glottis.

J. B., colored, male, æt. 52 years, was admitted into the hospital at Bay View Asylum on the 24th of May last. He gave a history of having been a hard-working laboring man, and the duties of his vocation often subjected him to considerable exposure. He was addicted to drinking a little too freely of alcohol at times, though not a constant drinker. He denied the history of any venereal disease. A careful physical examination of the patient showed that he was a large, well-built man. He gave no evidence of any disease of his lungs or heart. There was slight œdema of his lower extremities, which was not constant. An examination of his urine showed the presence of albumen and casts, and accordingly a diagnosis of morbus Brightii was made. Infus. digitalis was administered in ʒss doses thrice daily, and under its influence he seemed to improve until the morning of June 4, when, upon making my rounds of the hospital about ten o'clock, he complained of sore throat, inability to swallow easily, and slight dyspnœa. His lungs were examined, and air was found to enter freely. There was nothing to be seen in his throat to give alarm, though there was some slight swelling and redness about the fauces and the mucous membrane of the pharynx. The epiglottis, likewise, was red and thickened to some extent. Having no evidence at this time to lead me to suspect the fatal termination which so soon followed, I prescribed a simple gargle of potassii chloras, tinct. ferri chlor., glycerin, and water, and left him, promising to return again within an hour and make a more thorough examination into his condition. I was about to return to him at the time stated, when a messenger met me with the information that my patient was dead. An autopsy made a few hours after death showed the mucous membrane of the epiglottis and the entire larynx to be very much swollen and œdematous. This œdema reached to such a high degree as almost to occlude the entrance into the larynx. In the pharynx and on the posterior part of the tongue the follicles were somewhat enlarged; both lungs slightly adherent to the pleura at various places, otherwise normal; heart somewhat enlarged; left ventricle relaxed and dilated to some extent, valves soft; liver of ordinary size, and pale; spleen normal; kidneys of ordinary size, their capsules slightly adherent in places; the parenchyma hyperæmic.

The case is an important one, from the fact of its rapid fatal termination and as to its cause. The suddenness with which the trouble began and the rapidity of its progress must be referred to one of the several causes of œdema of the glottis; and as our patient gave evidence both clinically and pathologically of morbus Brightii, and as œdema of the glottis may occur as the first and only

dropsical affection connected with disease of the kidney, as stated by Flint, it is more than probable that the patient's kidney disease was the prime factor in bringing about the cause which so suddenly terminated his life.

Perforative Peritonitis.

Dr. W. EBSTEIN thus sums up (*Zeitschr. für Klin. Med.*, Band ix.) the results of his observations on peritonitis from perforation:

1. As an acute diffuse peritonitis, so also in peritonitis following perforation of the stomach or intestine from ulceration or other cause, there may be contraction of the abdominal muscles; this may be very intense, and its duration may vary. Death may occur while it is present. As a rule, the contraction—during which, especially at first, the pulse is not usually quickened—gives way to more or less swelling of the abdomen, with or without tension of the abdominal muscles.

2. When contraction of the abdominal muscles is present, perforative peritonitis may be suspected, *a*, if symptoms of acute diffuse peritonitis be present; *b*, if the liver-dullness, which was known to be present before the symptoms set in, disappear partly or completely, and if there be a doughy condition of the epigastrium, with a distinctly tympanitic, generally high, percussion sound.

3. These last-named symptoms, however, lose much of their value when the abdomen is much distended, as great distension of the bowels may produce perfectly analogous signs. The statement of the patient "that he has felt as if something were torn in his belly," has a certain diagnostic value. Dr. Ebstein disapproves of moving or shaking the patient for the purpose of diagnosis, as being dangerous and of doubtful value.

4. Persistence of liver-dullness in perforation of the stomach or bowel into the peritoneal cavity indicates, provided the liver be not fixed in its position, that the peritoneal cavity contains fluid and not air, or that perforation has taken place a short time before, or after, death.

5. In some cases of peritonitis from perforation of the stomach, only the contents of the stomach escape into the peritoneum, but no air. The escape of fluid ingesta is followed by very acute peritonitis; if this does not occur, the perforation has taken place after, or a very short time before, death.

6. The absence of vomiting when peritonitis is present, and its arrest when diffuse acute peritonitis has set in and the patient remains conscious, indicates either that the peritonitis has been caused by perforation of the stomach, or that perforation has supervened on diffuse peritonitis. Vomiting is absent where perforation takes place into the general peritoneal cavity; and the same may be the case when the opening leads into the omental sac. Vomiting may occur in peritonitis from perforation of the stomach, or may recur after cessation, if the opening becomes closed by adhesions to the neighboring parts.

General Carcinosis—Apparent Recovery.

Dr. BRUNON relates in the *Gazette des Hôpitaux*, No. 61, 1885, the case of a woman, thirty-two years of age, who had suffered for eighteen months from a rapidly-growing tumor of the left breast. After having existed for ten months, the tumor ulcerated and then cicatrized, being somewhat smaller than before. Two

months later the right breast became similarly affected, and the patient entered the Hôtel Dieu. She was then markedly cachectic, and seemed to be rapidly nearing death. In the left mamma was a hard tumor the size of an egg, firmly adherent to the surrounding tissues, with hard cords radiating in all directions beneath the integument. In the right mamma was a tumor of similar appearance, but not so far advanced. The superclavicular and axillary glands of the left side were enlarged and indurated, and the left arm was œdematous. The liver was enlarged, and there were numerous hard, movable nodules, the size of a hazel-nut, in the skin of the abdomen, chest, and neck. There was also an effusion into the pleural and peritoneal cavities. The author regarded the case as one of general carcinosis, originating in a scirrhus of the breast, and looked upon it as hopeless. But on general principles he ordered nutritious food and syrup of the iodide of iron, with arseniate of sodium. Under this treatment the patient began to improve in general health, the swollen glands grew smaller, the œdema of the arm disappeared, the tumor of the left breast decreased steadily in size, and the nodules of the skin disappeared entirely. The author maintains the correctness of his diagnosis, and says that syphilis was certainly to be excluded. In referring to this case, a writer in the *Centralblatt für Chirurgie*, No. 37, 1885, relates a very similar one reported by Dr. Gluck at a meeting of the Berlin Medical Society. In this case a typical carcinoma had been removed from the breast by von Langenbeck four years previously. Two years later there was a return of the disease in the cicatrix, in the form of "cancer en cuirasse," which increased, despite arsenic injections, and finally converted the entire breast into a suppurating mass. There were also some seventy or eighty tumors, from the size of a pea to that of a hazelnut, in the surrounding skin. There was œdema over the thorax and on the arm, the knee was the seat of an exudation, and the chest contained a bloody fluid. Under injection of arsenic and morphine, and treatment of the suppurating breast with iodoform and sublimate, the abscess healed, the articular exudation was re-absorbed, and the cutaneous nodules disappeared; and at the time the report was made it was stated that the disease had been so far recovered from that "no surgeon would now advise the removal of the breast."

Injections of Ether in Sciatica.

Dr. Z. ORTO thus writes in the *Jour. Am. Med. Ass.*, Oct. 10th: On Oct. 29, 1884, I was called to see Mrs. C., whom I found in bed, suffering greatly with pain in her right leg and hip—unattended by redness or swelling. Mrs. C. is 39 years old, of a nervous temperament, has a good family history, and has always had good health until the birth of her last child, which occurred on Feb. 14, 1883. The patient states that three days after the birth of this child fever came on, and continued for about six weeks, during which time she was unconscious; and that when the fever ceased and consciousness returned, she was unable to move her right leg without excruciating pain. There were spasmodic contractions of the limb, which caused great suffering. She states she remained in about the same condition, except that there was a gradual wearing away of the pain, for six months, at the end of which time she was able, by the aid of crutches, to move around the house, but at no time was she free from pain—and two weeks prior to my first visit she was again seized with the intolerable pain in her right hip and

leg that had previously caused so much trouble. She at once went to bed, and had been compelled to keep under the influence of opium.

On examination, I found tenderness all along the course of the sciatic nerve, and, as before stated, without redness or swelling of the limb. All movements of the limb had to be performed by the aid of the patient's hand applied to the thigh, and with the left foot under the right. I at once diagnosticated sciatica; and having read of some cases successfully treated by hypodermic injections of sulphuric ether, I determined to give this remedy and method a trial.

On the morning of November 30, my patient received the first injection of twenty drops, the syringe being inserted behind the trochanter major, the point recommended by Dr. Comegys. The injections were given in the ordinary superficial way. Seven injections were used in all, at intervals of twelve hours, using in the last six thirty drops each. The injections were followed by violent pain of a burning character, which, however, soon passed off. The patient declared she could taste the ether distinctly by the time the syringe was withdrawn. The acute neuralgic pain was relieved by the first injection, and never returned as severely as before. Improvement was noted from the beginning, the patient sleeping soundly without any other anodyne. The progress of the case was favorable, though rather slower than those of Dr. Comegys—though I think this may be accounted for by the former condition of the patient. In less than ten days the patient was able to be out of bed, and has since been attending to her domestic affairs, enjoying perfect health, save a little stiffness in her right leg.

A Means of Diagnosis of Scarlatina.

The *Physician and Surgeon*, quoting from *Abeille Medicale* says: In health moderate pressure upon the skin, as with the end of a pencil, causes the appearance of a white line. This paleness is due to excitation of the vaso-motors and the consequent contraction of the small blood-vessels. Harder pressure produces a red line bordered by two white lines. In this case the severe pressure causes paralysis of the vessels, while along the sides of the red line the pressure is not sufficient to cause more than their contraction.

In certain diseases pressure causes other effects. In meningitis a red streak on the skin is very easily produced. But such a line may appear in any disease accompanied by a marked disturbance of the functions of the nervous system. It is seen in many cases of typhoid fever, erysipelas, variola, measles, and diphtheritic eruptions. It is not seen in scarlatina during the eruptive stage. Instead of the red line of meningitis there appears in scarlet fever a persistent white line, which shows a marked contrast to the deep red of the eruption. This fact is often of great service as a means of diagnosis. The white line is not equally distinct at all stages of the eruption. Vulpian states that it is not noticed when the rash is at its highest degree of development. Jouffroy, however, thinks that it can be seen even then, but that it is most distinct when the eruption has begun to disappear. One might expect that scarlatina with its depressing influence upon the nervous system and the vaso-motor ganglia, would cause the red line of meningitis. The contrary is the fact.

Its value as a means of diagnosis is apparent. In diphtheritic rash, for example, which sometimes resembles scarlet fever accompanied by angina, pressing

the skin leaves a red mark, and not a white one as it does in scarlet fever. Such is also the appearance in certain cases of measles. Here the eruption is very easily mistaken for that of scarlet fever. In a case recently treated by the author, the white line upon the skin of the patient afforded the only means of deciding that the disease was not measles, but scarlatina.

Finally, in variola, where other means for differential diagnosis are entirely wanting, great reliance can be placed upon this simple method of deciding whether the case is, or is not, one of scarlet fever.

It should always be borne in mind that hard pressure leaves a white mark not only in health, but also in certain febrile states, so that the mark has no particular significance, unless there is an eruption at the same time.

Some Minor Points in the Use of the Galvano-Cautery.

Dr. HARRISON ALLEN, of Philadelphia, thus writes in the *N. Y. Med. Jour.*, November 7th :

I desire to call attention to a novel means of application of the snare to the removal of hypertrophied tissue and polypoid growths in the nasal chambers. The single feature of interest in the instrument employed is comprised in the facility with which the loop is maintained in a heated condition. The general shape of the instrument is essentially that of the Jarvis snare. For the details and full description of the instrument, reference is here made to an article, by the writer, in the "Journal of the Franklin Institute," April, 1885, and a second in Pepper's "System of Practical Medicine," vol. iii.

The advantages maintained for the heated wire over the cold wire are as follows: First, the loop, being pressed against a swelling whose base is broad, can be completely imbedded in it. Secondly, the tissue embraced by the loop can be removed with rapidity. Thirdly, the operation is much less painful than the removal of growths with the cold snare. Fourthly, the bleeding is insignificant in amount.

Let me in addition speak of the manner in which an electrode can be manipulated so as to reach with accuracy points which are remote from the nostril, and which can not be readily seen by the operator. A perfectly straight instrument, when thrust directly back through the nose as far as it will go, will reach, as is well known, the vault of the naso-pharynx nearly at the spot at which inspissated mucus is so commonly found. If the platinum-loop of the electrode is bent at its middle to a right angle, and in this shape thrust through the nose, the main axis of the instrument will be found to touch the vault at its anterior curvature, while the deflected portion will reach a point more remote. When in this position, if the electrode is made part of the galvanic circuit, the loop of course becomes heated, and will imbed itself in the mucus, and the mass can subsequently be withdrawn through the nose.

To reach surfaces at the plane of the posterior nares, it is only necessary to withdraw the electrode from its position at the vault until it is seen by means of reflected light to rest upon the surface which it is desired to cauterize. It is always well to remember that the applications can be made without the electrode being secured to the electrode-handle. When the electrode is in position, the free ends of the instrument, which project beyond the nostril, can be lightly touched

by the electrode-handle without in any way endangering a change of position on the part of the loop. The slightest motion on the part of the patient will simply break the contact between the electrode and the connecting wires. The method just narrated is especially useful in cauterizing the membrane overlying the posterior surface of the middle turbinated bone.

On the Association of Ophthalmia-Neonatorum with Joint-Disease.

Dr. R. CLEMENT LUCAS thus writes in the *Brit. Med. Jour.*, October 10th: In the *British Medical Journal* of July 11th, 1885, I drew attention to a form of gonorrhœal rheumatism occurring in infants as the result of purulent ophthalmia; and I there related two cases, one of which must, I think, be accepted as bearing no other possible explanation. By a remarkable coincidence—unless these cases prove to be not uncommon—I am in a position to relate another case which was brought among my out-patients for the first time on July 16th. It may be that the case is not absolutely free from the suspicion of syphilis, but the joint-disease, I have little doubt, has a definite relation to the ophthalmia. A. M. C., aged 26, gives the following history. She was married four years ago last October. Her first child was born at the seventh month, on the last day of the following July. It suffered neither from rash or snuffles, and lived to the age of seven months, then died of whooping cough. Between this child and the next she had an early miscarriage, about the second month. The second child was born on the 9th of March, 1883, at full time, and healthy. It suffered from neither snuffles nor rash, and lived to the age of a year and six months, when it died of measles. The third child was born on the 20th of June, 1885. The child's eyes were clear at birth, but two days later they began to discharge. The mother was given a lotion, which she thought too strong, and she has therefore bathed the eyes with warm water only, about every half hour since. A fortnight after birth the child's left knee became swollen and painful, and it cried when the knee was moved or touched. About the same time, a red rash appeared over the buttocks, which the mother attributed to the use of soda in washing the diapers. The diapers are made of coarse toweling. The eruption is bright red vesicular eczema, confined to the region irritated by the excretions. There are no coppery shiny spots such as are characteristic of syphilis. The hands, face and mouth are free from eruption, and the child has had no snuffling at the nose. The mother suffered from a yellow discharge from the vagina for about two months before the birth of the child. She has never suffered from any eruption or sore throat. The child was seen, on the first visit, by the house-surgeon, who prescribed a lotion of borax for the eyes and a grain of mercury and chalk every other night. When seen by me on July 23d, the eyes were much better, but still purulent, and the rash was red and vesicular as described. The left knee-joint was semiflexed, swollen and distended with fluid, but not red on the surface. There was an apparent enlargement of either epiphysis, entering into the formation of the joint. The lotion was continued, but the grey powder was stopped, as likely to confuse the diagnosis.

In my communication referred to, I ventured to suggest that, though the cases I there related were of the acute arthritic variety, it was not improbable that

there was a subacute variety corresponding to the subacute gonorrhæal rheumatism of young adults, which would be met with when attention was drawn to this affection. The foregoing case appears to bear out the truth of my prophecy, for the knee-joint is swollen simply by effusion into its interior, and there is no surface-redness.

A Presumptive Diagnosis of Gout.

Before the Medical Society of London, October 26, Dr. MILNER FOTHERGILL read a paper on a presumptive diagnosis of gout. He commenced by observing that, when kidneys first appeared in the animal kingdom, the form of urinary excretion was uric acid. Urates pertained to animals with a three-chambered heart and a solid urine—the primitive form of urine. When the mammalia were developed, they had a four-chambered heart and a fluid urine, the form of urinary excretion being the soluble body urea. When a human liver became depraved or degraded, it manifested a tendency to form uric acid in excess. To the question, "What is gout?" the answer he would give was, "Gout is hepatic reversion—the formative of primitive urine-products by a mammalian liver." Such might be said to be a scientific definition of gout. He then described the typical gouty man of good osseous development, firm muscles, high complexion, large heart, and tense artery—the typical country squire. He then described a smaller, lighter man, of well-vaulted skull, light bones, small muscles, but with a well-developed nervous system. He said the first might be said to be of the "Norseman" type, while the latter was of the "Arab" type. The gouty "Norseman" was liable to joint-gout, cardiac disease, and bronchitis, with eczema of the lower extremities. The gouty "Arab" rather developed indigestion, with acidity, skin affections, and neurotic disorders, very commonly of the heart. Alkalies were well borne by the first, but rarely agreed with the latter.

The signs of gout, in order of frequency, were, first, a certain irritability at times, contrasting with the normal mood. Then came a tense, full, red ear-lobe, in gouty persons of high complexion. The teeth were massive, worn down, and blunt. Several casts of such teeth were exhibited. The nails were also affected, and became reedy and brittle. Photographs were shown of a reedy nail, and of the influence of an anti-gout treatment in restoring the nail to its original smoothness. He expressed the opinion that, by grouping these semeia, it was possible to feel sure of having gout to deal with, even when articular changes were not present; or, in other words, establishing a presumptive diagnosis of gout.

Dr. E. Symes Thompson observed that he had pointed out, in a paper previously read before the Society, that patients suffering from gout, which did not show itself by articular gout, gave a large mortality at an early age in insurance-practice. The reedy nail, the large-lobed ear, and an intermittent pulse, were valuable indications. An extra rating of 25 per cent. was necessary. These remarks applied to the type called "Arab" by Dr. Fothergill.

Dr. Isambard Owen referred to a certain doughiness, especially of the forehead, causing the wrinkles to have thick curved edges; and to a glistening conjunctiva, with a darkness around the eye.

Mr. Noble Smith asked Dr. Fothergill whether he thought Dupuytren's contraction of the fingers was gouty. It occurred sometimes in gouty people, but he thought it was not due to gout.

The President thought Dr. Fothergill's classification sound, and agreed with Dr. Symes Thompson's remarks. He had found that men of the "Norse" type were very subject to migraine, neuralgia of the viscera, and naso-pharyngeal catarrh.

Dr. C. J. Hare observed that the nails often gave valuable hints in making a diagnosis in other conditions, and he was quite ready to believe that the "ready nail" might become of considerable importance. He thought that the term gout was sometimes used at the present time too widely and too vaguely. Increased secretion of uric acid was the test of gouty tendency.

Dr. Fothergill said, in reply, that he had wished by his paper to show that the two types had gout each in its own way, and to suggest certain points to help to a presumptive diagnosis; corroboration must be sought elsewhere, as in the urine.

The Refined Tests for Albuminuria.

The *Lancet* says in the last few years there has been a considerable revival of interest in the subject of albumen tests. The old method of boiling the urine and adding a drop or two of nitric acid has fallen more and more into disuse by those skilled in detecting albuminuria. Many have been the substitutes proposed, and imposing is the roll of names of the proposers. Among them are Dr. Pavy, Dr. George Johnson, Dr. Roberts, Dr. Oliver, and others. Indeed, the tests have been named after these gentlemen, and we hear of Dr. Pavy's ferrocyanide pellets, Dr. George Johnson's picric acid test, Dr. Roberts' brine test, and Dr. Oliver's testing papers. Besides the above-named reagents, we have sodium tungstate, potassium-mercuric iodide, and mercuric-iodo-cyanide. With all these tests, except perhaps Dr. George Johnson's picric acid, it is recommended to use citric acid; some say that the picric acid test is improved by the use of citric acid. All of these tests can be used cold, and thus a great hindrance in bedside testing is done away with. It is difficult to say which is the most sensitive of these tests. Dr. Pavy's is certainly very sensitive, ready, and easy of application, and its portable form very strongly recommends it. The harmless and permanent nature of the materials, too, is a great advantage. The only question that arises out of a precipitate with this test is that of peptones, and it is generally admitted that it does not deposit peptones; so that, as far as we know, we may have absolute confidence in it. The great question now for physicians is, What importance is to be attached to the quantities of albumen detected by such refined tests? We have been too much in the habit of judging albuminuria by its coarser forms, and even these have been known by physicians to cover almost a lifetime. We shall be grateful now for more investigation into (if we may so speak) the physiology of albuminuria.

VI. OBSTETRICS, DISEASES OF WOMEN AND CHILDREN.

Etiology of Rickets.

An investigation of 100 cases regarding the commonly received causes, (1) dietetic, (2) hygienic, (3) diathetic, leads Dr. BROWN (*Med. Press.*) to believe in the third factor as the most potent one, the others being more of the nature of exciting causes. He suggests some analogies between the rachitic and the rheumatic diatheses, and that it might be worth trying to see if salicylic acid compounds might not also be useful here.

Cocaine in Labor.

To the Brooklyn Pathological Society, Dr. W. C. BURKE, JR., said that he had been told by Dr. Polk that he had been using it in a series of labor cases during the first stage. He injected it deep into the cervix and the surrounding connective tissue, with the result of causing a loss of sensibility in all the parts below the umbilicus, although pains in the back and the epigastrium persisted. The effect lasted from half to three-quarters of an hour. It had no ill effect, and it did not influence dilatation. The speaker had used it before incising a pin-hole os, previous to dilatation of the cervix, which was accomplished with very little pain, the patient only experiencing a "pulling feeling."

Vesicular Mole.

To the New York Pathological Society (September 9th), Dr. H. J. BOLDT presented a specimen, which was principally interesting as illustrating the extremes to which a patient might be reduced by a remediable condition. The woman, who had been flowing profusely for several days, had become very anæmic, and the pulse was almost imperceptible. A physician had employed a tampon, but without benefit. Dr. BOLDT found the os dilatable, but not dilated. He at once introduced a sponge-tent, dilated the canal, and found a vesicular mole slightly adherent to the fundus and sides of the uterus. The patient probably would have died within twenty-four hours had the growth not been removed.

The Micrococcus of Vaginitis in Children.

The *British Medical Journal*, October 17, tells us that Dr. JOHN CSÉRI examined the vaginal secretions of twenty-six children from 3 to 10 years of age, who were being treated in the Pesth Children's Hospital for various chronic diseases. In all of them, a coccus was found identical with Neisser's gonococcus. Dr. Cséri asserts, contrary to Fraenkel's views, that this coccus is the same as

that found in gonorrhœa. Many cases of chronic catarrhal vulvo-vaginitis are certainly infectious; others have not been proved to be so. The coccus of the infectious form is identical with Neisser's gonococcus. Cultivations have not, however, yet been made. The secretion of infectious vulvo-vaginitis affects the eye. The spreading of this disease in children's hospitals takes place by means of washing, closets, bath-tubs, dressings, and the nurses themselves.

Injectons for Fœtid Leucorrhœa.

A contributor to the "Union Médicale" gives the following formulæ:

R. Chlorate of potassium	12 parts
Wine of opium	10 "
Tar-water	300 "

Add three tablespoonfuls to half a pint of warm water.

Salicylate of sodium	20 parts
Salicylic acid	1 part
Tincture of eucalyptus	45 parts
Wine, or white vinegar	300 "

Add two tablespoonfuls to half a pint of warm water.

Copaiba in the Treatment of Elytritis.

The *N. Y. Med. Jour.*, November 14, says: For various forms of inflammation of the vagina, whether due to a specific virus, to local irritation, or to a constitutional condition, M. BARATIER ("Thèse de Paris"; "Bull. Gén. de Thérap.") recommends the following treatment, which he has often seen Professor Ball employ: Every second day a suppository made after the following formula is placed in the vagina, where it is allowed to remain for twelve hours:

Solidified copaiba, } each	75 grains;
Cocoa butter, }	
Extract of opium	$\frac{1}{4}$ grain.

This mode of using copaiba is said not to produce unpleasant results. The cure is complete in about twenty days.

Sulphate of Iron in the Gastric Catarrh of Infants.

When absorbents and tonics fail to correct the acidity, ROTH ("Pest. Med. Chir. Presse"; "Conseiller Méd."; "Rev. des Mal. de l'Enfance") resorts to sulphate of iron, which acts favorably in a variety of ways. In the first place, it is a disinfectant; under its use, the evacuations are changed in color and lose their offensive odor. Being an astringent, it contracts the turgid mucous membrane and coagulates albuminous matters. In order that these effects may be decided, its use should be continued for several days. The author employs the following formula:

Sulphate of iron	$1\frac{1}{2}$ grain,
Mucilage of acacia, } each	5 drachms.
Syrup,	
A teaspoonful to be given every two hours.	

Santonin in Amenorrhœa.

In the *Lancet*, Sept. 5th, Dr. WALTER WHITEHEAD says that in cases of chloro-anæmia, subordinate to amenorrhœa, the drug appears to be of the most signal value, as he has invariably noticed that with the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided. The mere discharge of blood immediately following the administration of the drug will not, he supposes, be accepted by some as normal menstruation, but as a fictitious substitute; it must, however, be admitted that the practical value is established, when the discharge, be it vicarious or otherwise, is followed by the amelioration of the chloro-anæmia, which in reality constitutes the pressing ailment we have to contend with, rather than the mere absence of menstruation.

A Hen's Egg in the Vagina.

Dr. VON GAENNER mentions, in the *Correspondenzbl. für Schweiz-Artze*, a curious case of a hen's egg in the vagina, which he had some difficulty in removing. It had caused great difficulty in micturition. The egg lay so high in the vaginal canal, that it was with the greatest difficulty that he could introduce his finger behind it; and as the vagina was far from roomy, he could not manage to hook the finger over it. The only instrument that seemed suitable for the removal, without breaking, of a foreign body of this kind, was Breisky's forceps for the extraction of oviform pessaries; but this was not at hand. At last, however, having emptied the bladder by making pressure with one hand over the abdominal wall above the symphysis, while a finger of the other hand remained in the vagina, the egg was expelled entire the day after its introduction, no difficulty being experienced in forcing it through the vulva.

Cerebral Effusion Due to Intestinal Worms.

The *British Medical Journal*, October 31, says, it is well known that intestinal worms in children frequently produce convulsions and other cerebral symptoms. VOGEL, in his work on children's diseases, mentions that, in a case where a child died with symptoms of acute hydrocephalus, no lesion of any kind could be discovered in the brain, death having been really caused by a mass of a hundred round worms, which had produced dilatation and reddening of the intestine. A somewhat similar case is now reported in the German medical press. Two little boys in a family, under the care of Dr. Eichberg, were seized with what was supposed to be an infectious disease with gastro-intestinal symptoms. No satisfactory diagnosis was made, and one of the children died. At the necropsy, hydrocephalous effusion was found in both lateral ventricles. In the right hypogastric region, a piece of intestine was seen, half a metre in length, of a deep red color. When this was opened, an immense conglomeration of round worms was found, which completely stopped up the intestine. There must have been a hundred of them, and, in addition, several more were found in different parts of the gut. There was no trace of peritoneal inflammation. The other child was now treated with calomel, jalap, and santonine, which brought away some twenty worms, and soon resulted in a cure. As an additional precaution, the whole family was dosed with santonine, with satisfactory results.

What Becomes of Intra-Peritoneal Ligatures?

Dr. J. C. IRISH answers the question by relating the following case in the *Boston M. and S. Jour.*, Oct. 1:

January 13, 1885, I removed an ovarian tumor from a patient at Lowell. The pedicle was ligated in two sections with "Tait's knot." The ligatures were cut short and enclosed in the abdominal cavity. The patient made a rapid and complete recovery from the ovariectomy. But May 5th, that is four months less eight days after the date of the ovarian operation, she died of acute pulmonary tuberculosis. At the post-mortem examination, a very careful search was made for the ligatures. All trace of them had disappeared from the pedicle. Although it was very improbable, from the manner in which the pedicle had been tied, that they could have slipped off and become encysted, still so thorough an examination of the pelvic cavity was made as to convince us that it was impossible that they had found any place of lodgment there. Therefore, in this instance, the entire absorption of the ligatures had taken place in twelve weeks or less.

A Child Born Without Arms.

Dr. E. W. DAVIS thus writes in the *Med. Herald* for November: I was called on the night of September 14, 1885, to attend Mrs. J. T. C., in labor. I reached the place about 3 a. m., found no one with the lady save two little children, aged respectively six and three. I found that the woman had given birth to a living child, which she said took place one hour before my arrival. I then delivered the placenta and gave the mother the necessary attention. I then turned my attention to the child, and found it to be a most wonderful freak of nature. It was without arms. On the left side there is no sign whatever of an arm. On the right side there is a small arm, if I may so call it, one inch long. At the shoulder is a joint, though the articulation is by no means perfect. At the elbow the joint and articulation are both perfect, and on the end there are three separate and distinct nails. I found the bone representing the humerus, but could not tell whether there was more than one bone in the forearm. There was no sign whatever of hand or fingers.

A New Operation for Ruptured Perineum.

Before the British Gynecological Society, October 14, Dr. JAMIESON, of Shanghai, read a paper on a case which he performed a new operation. The lesion in the case described had existed for seventeen years, involving the lowest portion of the anterior wall of the rectum. The borders of the laceration had long since been completely absorbed, leaving no salient edges to be denuded and approximated. The patient was rendered unfit for society by total lack of control over the escape of flatus. There was partial incontinence of urine and fæces. Rectocele existed to a slight extent, and during a recent labor, danger had arisen from a temporary cystocele. The operation proved completely successful in removing all the inconveniences enumerated, abstraction being made of what might possibly present itself should pregnancy again occur. It consisted in lifting the altered vaginal mucous membrane, along with the skin of the upper and inner surface of the thigh corresponding to the sides of the vulvar opening, from the

subjacent tissues; forming with them a new posterior vaginal wall; and raising cutaneous flaps from the ischio-rectal region, which were folded outwards on themselves, and their denuded surfaces subcutaneously united in the middle line.

Fresh Paint and Abortion.

Dr. LLEWELLYN ELIOT, of Washington, D. C., writes to the *Med. Record*, November 14:

In the October 31, 1885, number of the *Medical Record*, Dr. Charles H. French, of Waterbury, requests information on the matter of the odor of fresh paint as a producer of abortions. What the experience of others may be I am unable to state, but my own points very strongly in favor of this as a factor in producing such a misfortune. There are several instances which might be cited in support of this statement. It brings about a "colica pictonum" with the result indicated. This has been, during the past ten years, illustrated to me in a very forcible manner. Whether the pregnant state renders the patient more subject to the influence of these odors can only be ascertained by the collected evidence of the many, but as one willing to subscribe to this view I record my testimony. It is my practice to discourage pregnant women from moving into newly-painted houses, as well as to deter them from having any painting done in the one in which they live until after the expiration of the gestation.

Dr. O. EUGENE LARKIN, of Deerfield, Wis., November 3, 1885, also writes: Some weeks ago, I had under observation a primipara in the seventh month, who aborted shortly after moving into a newly-painted house. At the time, I attributed it to the improper use of the syringe, although not fully satisfied that that was the cause. Perhaps the odor of paint was a factor in the causation of no small influence.

Hæmatemesis and Melæna in which Blood was first Vomited Twenty-one and a half Hours after Birth; Fatal within Twenty-four Hours.

Before the Clinical Society of London, (Oct. 9th,) Dr. SAWTELL read an account of this case, and exhibited a preparation of the stomach, showing ulceration. A small male child, born April 9, 1885, after a natural, but rather tedious, labor, suddenly vomited blood $21\frac{1}{2}$ hours after birth, and, a few hours later, melæna succeeded. Up to this time milk was taken, and vitality seemed but slightly impaired. The discharge of blood continuing, much altered by admixture with meconium and mucus, the child rapidly sank, and died within twenty-four hours from the first appearance of blood. Besides general measures, sulphuric acid was given in tincture of cardamoms. *Post-mortem*, the stomach alone showed causal lesions—viz., small, but deep, round or oval ulcers on posterior wall of cardiac end, near the lesser curve. Dr. Sawtell remarked that, after some examination of the subject, he had failed to find any record of a similar case. Dr. West relates only three as occurring in his extensive practice, and only one of these in the new-born. Finally, Rilliet's elaborate essay does not give any cases of ulceration. The author inclined to the opinion that the ulcers arose from portal obstruction and erosion by gastric juice, and concluded his paper by pointing out

the difficulty of diagnosis and treatment, and the truth of Dr. West's observation that the new-born suffer less from the effects of hæmorrhage than might be expected.

A Case of Accidental Hæmorrhage.

Dr. A. K. GRIFFITHS thus writes to the *Lancet*, November 21: Cases of this kind are so infrequent (I have not had one in the 1,000 cases I have had during my residence here, nor, in fact, one death of a patient) that you may think the following worth recording.

Mrs. D—— engaged me to attend her for the third time, saying she expected to be confined early in November. I had attended her in her two other confinements, the former of which was a case of impacted breech, the child being removed with great difficulty. Unfortunately, the mother had a severe laceration in the sphincter ani; but this was afterwards completely cured by Dr. Bantock, at the Samaritan Hospital, by his new operation, and has stood sound in her last two confinements. I was called up about 1 a. m., on September 12, the message being that the patient was bleeding very much. On my arrival I learned that she had, on awaking found herself "smothered in blood," which proved to be literally true. There was very little pulse. The patient, who was thoroughly blanched, was sinking, and in a state of collapse. Finding on examination that it was not a case of placenta prævia, that there was an entire absence of pain, and that the os only admitted the end of the forefinger, I administered a good dose of ergot and brandy, which the patient immediately vomited. Shortly afterwards I injected subcutaneously some ergotine, and ruptured the membranes. This latter procedure, together with cold applications, had the effect of arresting the hæmorrhage; but as the pulse continued still very weak, and as the patient complained of that peculiar pain in the heart experienced in cases where large quantities of blood have been lost, I injected ten drops of ether with fifteen drops of ergotine. This seemed, amongst other things, to stop the vomiting; the pulse gained power, and the patient expressed herself as feeling better. Labor set in at 4 a. m., and at 5.30 a. m., the patient was delivered of a stillborn male child. During the pains the only blood lost, judging from its dark color, was that which had been retained in the womb from the first loss. Fortunately, the nurse understood the gravity of the case, and faithfully carried out my instructions as to perfect rest, quietude, and good nourishment. The patient is now rapidly approaching convalescence.

Gonorrhœal Urethritis in Children.

The *Med. Record*, November 28, says that: In the *Jahrbuch für Kinderheilkunde*, Dr. WIDMARTH describes two cases of gonorrhœa occurring in little girls. The first case was that of a little girl two years of age, who suffered for a long time with purulent conjunctivitis, and also with a discharge from the vagina. Microscopical investigation revealed gonococci in both secretions. The child's mother had given birth to an infant six months previously, which manifested a severe conjunctivitis on the third day after birth. The mother herself suffered with suppurative adenitis in both groins two months after her confinement, and somewhat later with a sensitive tumor attached to the uterus. The secretion from her urethra contained gonococci. The father had had gonorrhœa. The

second case concerned a girl, aged twenty months, who had long suffered with a purulent discharge from the genitals. The urethral secretion contained gonococci in abundance, and there had been a purulent conjunctivitis soon after birth. The mother's urethral secretion contained gonococci, and the father knew that he had previously suffered from gonorrhœa. It was not possible to say, in these two cases, exactly how the contagion had been communicated. The author thinks it may have been due to the use of the same sponges for washing by both mother and child. Sonden has reported two cases of vulvo-vaginitis in children of six and five years. In both cases gonococci were found in the secretions. The origin in the first case could not be ascertained; in the second it was found that the mother, who was pregnant at time of examination, had suffered for a long time with a purulent discharge from the genitals. The father was not examined. The author also found gonococci in the urethral secretion of a boy eight years of age, and also in that of the boy's sister, who was nine years of age.

Multifœtal Pregnancy.

The note from which the following is extracted was communicated by Dr. F. POLJAKOW to the *Medizinskoje Obesrenije*:—The Bauerin, M. Konakow, 27 years of age, has been married nine years, and has menstruated regularly every three weeks and six days since her fifteenth year. Pregnant six times, labor normal. The last menses were October 14, 1884. In February this year she applied to a medical man, as the abdomen was increasing so much in size that respiration was impeded. It was ascertained that the uterus was considerably enlarged, of a rounded-oval form, with the fundus at the level of the scrobiculus cordis. To the right of the linea alba feeble cardiac sounds were heard; on the left small portions of a fœtus could be felt. The birth of a dead child took place on February 28th, at 8 p. m.; a few minutes afterwards a second appeared, both breech presentations; and some minutes later, three more children, with their heads presenting. They were all born enveloped in amniotic sacs. The last four lived a short time. There was one placenta, weighing 585 grm., to the periphery of which the umbilical cords were attached. All the children were females, and corresponded in size to their period of growth, each weighing about 590 grm., with the exception of the first, which weighed 934 grm., and was 41 cm. in length. Several fingers and toes were missing from the hands and feet.

A Curious Midwifery Experience.

A writer in the *Lancet*, October 24th, says: A few weeks ago I was summoned by an experienced midwife to assist a primipara who was apparently in labor. The patient, whose age was twenty, was in great terror, and in a state of violent excitement. The midwife told me that there was an extraordinary obstruction, and that it appeared to her to be "one of the bones of the arm." After a little difficulty I was able to make a vaginal examination, and found a smooth, hard, cylindrical body firmly wedged in the vagina, in a somewhat oblique position. The midwife had told me that the patient had never had any instrument used. For a moment I racked my brain in vain to account for this unlooked-for complication of labor. Owing to the struggles of the patient, I could not get a satisfactory examination of the mysterious object, which appeared to be protruding

from the uterus. Obviously, before labor could be accomplished it had to be removed; with steady traction, therefore, I endeavored to bring this to pass. Gradually shifting its position, it soon became apparent what the obstruction was, and my mind was delivered from its wondering, and the woman of a fine Hodge's pessary! The pains passed away, and the woman was delivered in three weeks' time without further mishap.

It appeared that rather more than thirteen months previously the patient had been for a short time in a hospital in the North for some uterine derangement, and during her stay she had been placed under chloroform for vaginal examination. The instrument must have been placed in position on that occasion, as there had been since then no other opportunity. The medical man had either forgotten to tell her what had been done, or, having done so, had been misunderstood. Till the uterus began to sink into the pelvis, towards the end of pregnancy, she had suffered no inconvenience, and, in fact, both she and her husband had been totally ignorant of its presence. The pessary, which measures $3\frac{1}{2}$ in. by $1\frac{1}{2}$ in., and is made of vulcanite, is in perfect condition.

Emphysema of the Cellular Tissue, Due to Labor.

Dr. JAMES HUNTER reports this case in the *Brit. Med. Jour.*, October 24: On October 1st, I attended Mrs. H. during her confinement. The labor, though somewhat tedious, was not unusually so for a primipara. Towards the end of the second stage, the patient complained of pain in her throat, which was attributed to the powerful manner in which she exerted her buccinator muscles, in her wish to aid uterine contractions by the help of the accessory muscles of respiration. The labor was duly completed, and, the complaint not being renewed, no further heed was paid to it. Next morning, however, on visiting her, a markedly emphysematous puffing was observed on the right side of the neck, and crackling sensations were readily felt also, on the left side of the neck, as well as over an area of the upper part of the chest, limited on both sides by a line drawn from the outer part of the clavicle to the junction of the third costal cartilage with the sternum. Examination of the cavity of the mouth revealed, about the middle of the right cheek, a small surface denuded of mucous membrane, with surrounding emphysema. Doubtless this denuded surface permitted the passage of air into the cellular tissue of the parts above mentioned. The condition gradually improved, and has now altogether disappeared.

Chloroform as a Hæmostatic.

Dr. BERTS, in his *Memorabilien*, 1885, No. 5, relates two cases of uterine hemorrhage, in which he found chloroform of great utility in its arrest. The first of these occurred in the person of a robust woman, 33 years old, delivered of her second child under chloroform. Owing to the delay of the passage of the head, notwithstanding violent pains, the forceps was applied, and after the removal of the placenta, fearful hemorrhage ensued, so that the reporter did not dare remove his hand, which he had introduced into the uterus as a plug and a stimulus to action. The contraction soon subsided, and hot water injected by the side of the hand failed to reproduce it. Chloroform was now poured on a sponge and passed into the uterus, and some was also poured on to the abdomen. On the introduc-

tion of the sponge, a severe burning pain was felt along the genital passage, strong contraction of the uterus took place, and the bleeding ceased.

A delicate woman, 23 years of age, formed the subject of the second case, being at about the fourth month with her third child. During eight days she had slight hemorrhage and pains, and on the ninth a foetus was expelled, succeeded by a mass of black coagulum. Hemorrhage followed and resisted all the ordinary means, and the patient became cold and pulseless. A plug was made of cotton wool, and after being wetted with a mixture of chloroform and ether, was passed up and held against the os by the fingers. Severe burning pain was produced from the vagina to the abdomen, and in a very short time contraction of the vagina and uterus, with arrest of the hemorrhage, ensued. The action of chloroform, Dr. Bets observes, differs from that of the ordinary astringents, not inducing coagulation of the blood as they do, but causing narrowing and closure of the blood-vessels in consequence of muscular contraction. When chloroform is not at hand, alcoholic injections may be resorted to. The use of chloroform in this way may supersede the hypodermic injection of ether.

Inhalation of Oxygen in Puerperal Eclampsia.

Dr. SCHMIDT writes to the *Russkaya Meditsina*, giving an account of a case of puerperal convulsions occurring some time ago, in which he successfully used oxygen inhalation. He was not in attendance on the patient, who was a relative of his, and who was under the care of the late Professor Kirter. However, on calling to inquire after her, he was asked to see her, and found that she had been delivered of twins, and was suffering from eclampsia to such a degree that two doctors took it in turns to keep her constantly under the influence of chloroform, for the moment the effect of this passed off the most violent convulsions took place. The patient was unconscious and in a state approaching asphyxia, and this it was which led the writer to suggest recourse to oxygen inhalations. After a few rather deep inspirations of the gas there were signs of returning consciousness, and she recognized those who were standing near her, though she was at first unable to speak from the swollen condition of the tongue, which had been injured by the teeth during the convulsions. She inhaled rather more than a cubic foot of the gas, and, though very prostrate, completely recovered consciousness. No repetition of the treatment was required, as there were no further convulsions, and she made a gradual but complete recovery. Dr. SCHMIDT did not intend to publish this case until he had had an opportunity of trying the same remedy several times; but a recent paper on the subject of Oxygen Inhalation in Nervous Diseases, by Professor Lashkevich, induced him to place on record the result of this treatment in the above instance.

Syphilitic Ulceration of the Small Intestine in a New-born Infant.

The *Archives of Pediatrics*, quoting from the *Archiv. di Patol. Inf.*, says the infant in question was of premature birth, and was brought to the Moscow Foundlings' Hospital seven days after birth. It weighed seven pounds when received at the hospital. Fifteen days later it was attacked with syphilitic pemphigus, then with diarrhœa, and on the twenty-third day it died. At the

autopsy the spleen was found enlarged to double the normal size, hard, and of a cherry-red color. The liver was pale and hypertrophic. The intestines showed externally a number of constrictions, without alteration of the peritoneum. Within the ileum a large number of small ulcerations, circumscribed in character, thickened and lardaceous, were seen. Some of them were evidently of recent origin, others were partially cicatrized. In two places cicatrization was complete. The enteric mucous membrane was of a dusky gray color, the Peyer's plaques and the mouths of the tubules were normal. Under the microscope the ulcerated surfaces showed an absence of all the elements of mucous membrane. The submucous tissue was thickened and infiltrated with cellular elements. At some points there were hemorrhagic infiltrations which could be seen with the naked eye. The *adventitia* and the endothelium of the vessels were also thickened, and their lumen was narrowed. The muscular tissue at the bottom of the ulcerations was infiltrated with cellular elements, the peritoneum was intact. The ulceration was considered syphilitic, without a doubt, and of the infiltrated form of Mracek.

The Action of Antipyrine upon the Croupous Pneumonia of Children.

The *Archives of Pediatrics*, quoting from the *Archiv. di Patol*, says: Accurate observations upon the value of this drug were made by ARGUTINSKY upon five children between the ages of four and eight years, who were suffering from croupous pneumonia. It was administered in the form of powder dissolved in water, and was received by the children without repugnance, also being well tolerated. In twenty-five cases in which it was given, vomiting was excited only twice; in a few other cases there was slight nausea. About three hours after its administration the temperature had in most cases declined two degrees. In some cases it went below the normal, but never with any symptoms of collapse. The pulse usually became stronger, but its abnormal frequency did not diminish at the same rate with the temperature. As compared with kairine, it was observed that antipyrine produced a more gradual declension of temperature. The scale of dosage which was adopted was the following: To children from six months to a year old, every three hours until three doses had been given, were administered two-tenths of a gram. From one to three years, every two or three hours, three-tenths of a gram. From four to five years, every two hours, three-tenths to four-tenths of a gram. From six to eight years, every two hours, five-tenths to six-tenths of a gram. From ten to twelve years, every hour, from six-tenths to seventy-five hundredths of a gram. In no case should more than three doses per day be given. The same drug was also given to four healthy children, the result being that the average decline of the normal temperature was from one to one and a half degrees, and the greatest variations from the normal always took place during the hours of the night.

Position During Parturition in Ancient Rome.

The *Brit. Med. Jour.*, September 26, says, Dr. E. J. MILES, of Brighton, writes: As the subject of position during labor is occasionally discussed in medical peri-

odicals, and referred to in works on midwifery, it may not be without interest to some of your readers to give them some recent evidence on the subject as to the custom existing in ancient Rome. Several marble sarcophagi have just been discovered a few yards within the modern Porta Salaria at Rome. They were found about twenty-five feet below the present level of the ground, and in a position indicating the usual site of the hypogeum of an ancient tomb. On the face of the most beautiful one (considered, on the best authority, to be the work of the third century A. D. or earlier) are depicted, in the finest style of Greek art ever beheld, scenes representing the triumph of Bacchus. Leaving the details to be read in the graphic letters of the *Times* correspondent at Rome, I would direct your readers' attention to the left-hand corner of the frieze (which is devoted to details connected with the birth of Bacchus), where, in a space measuring about twelve inches in height and twenty-three inches in length, is represented the moment immediately following the birth of the infant god. Whereas, in Italy and some other countries in the present day, the mother, during parturition, lies on her back, the goddess-mother Semele is here shown to be lying on her left side, as is the practice with us. She lies on a bed or couch, with the face and body directed towards the spectator, in an attitude of exhaustion, with her hands and arms hanging helplessly over the side of the couch, and directly beneath them a basin of similar shape to the ordinary English ewer. Immediately behind is seen the accoucheur (a female), about to hand the newly-born god to an attendant, and close at hand are the figures of other female attendants; and it may be noted, what is so often observed by us in the present day, that whereas the greatest interest and attention is being exhibited towards the new-born child, the mother at that moment is lying altogether unnoticed. Mercury stands close to the head of Semele's couch; but, regardless of her, the messenger of the gods is awaiting with evident interest to carry off the infant to Jupiter. These sarcophagi are still *in situ* where they were recently discovered; and I should not have been able to see them, excepting through the auspices of the British Archæological Society at Rome, the meetings of which all visitors to Rome, having any real interest in archæology, should not fail to attend.

Five Cases of Leprosy in Children.

Dr. DAVID JAMISON thus writes in the *New Orleans M. and S. Jour.* for October:

Frank and Joseph Monier, aged twelve and fourteen years, were admitted into Ward 11, July 20, 1885; A. and B., females, aged seven and nine years, were admitted into Ward 40, in the spring of 1885. In these four cases the disease is well developed, and there is no possible doubt about the diagnosis.

On the 10th of July, L. M., aged seven years, came to my office. He is bright, intelligent, and fairly nourished; temperature 101. Complains of lassitude and weariness; does not care to move about; likes to sit in one position as much as possible. He is chilly nearly all the time, and has lost his appetite. Cinchonidia was given. He returned in a few days, apparently relieved. The third visit was made ten days later. His face was of a dull, reddish color; there were hyperæmia of the skin and loss of sensibility in the periphery of the nerves (spinal). The hyperæmia assumed the form of irregularly-shaped blotches. These blotches were on the trunk as well as on the face.

At present, he is without fever. The circular spots are being developed into rings, and the pigmentation is disappearing. The disease is apparently stationary until another exacerbation of the leprous fever occurs. His parents are natives of Hanover. Mother and father are both living. I have never seen his father, but he is said to be a healthy man. His mother, and sister aged eighteen years, are fine specimens of robust, healthy women. His maternal grandmother died of cancer. No member on either side of the family was ever known to have any skin disease. They have not made a habit of eating shell-fish, fish or salt meat; have always lived well, in fact. There is no peculiarity whatever about this family that I can discover; they are ordinary, well-to-do people. Their personal habits are cleanly. The boy has always been bathed and his clothes changed at least twice a week. His sister does not show the slightest sign of any disease. The mother was advised to keep the boy separate from the rest of the family.

Chaulmoogra oil and cleanliness were the only remedies ordered.

Sea-Voyaging as a Cure for Barrenness.

The *Med. Record*, November 7, says that Surgeon-General CHARLES R. FRANCIS writes to the *Indian Medical Gazette* an instructive and suggestive letter upon the subject of the influence of sea-voyages upon the genital function. As will be seen, sea-voyaging is at times a therapeutic measure of prodigious, not to say dangerous, potency. Dr. Francis says: "A young lady in India, of leucophlegmatic temperament, and remarkable for want of energy, which was conspicuous even in her languid mode of speech, had been married for seven years without any prospect of having a family, there not having been the slightest indication of pregnancy during the whole of this period. The husband was also young, and in good health. Being, however, of a kindly disposition, and never expecting to be as ladies wish to be, etc., Mrs. A—surrounded herself with pets—small dogs, birds, and a monkey. At the end of the seven years she accompanied her husband (a civilian) to England on furlough. They went by the long sea-route round the Cape (of Good Hope). In those days—I speak of thirty years ago—a voyage home in a sailing-vessel (one of the large passenger ships of the time) was very invigorating. A comfortable cabin—one's own private residence for three months at least, so different to the comfortless system of berths in a general cabin in a so-called overland steamer—the soothing influences of the sea, the tonic air, etc., all combined, provided one was abstemious in the matter of food and intoxicating drinks somewhat freely provided in most of these vessels, to produce (in good sailors) a vigorous state of health, which, coming after a lengthened sojourn in a hot climate, was especially enjoyable. The lady became pregnant on board; and the activity of the reproductive function (thus roused) being maintained for several years, even after the return to India, this pregnancy was followed by others; and, as a matter of fact, a child was born annually for ten successive years, the deficiency of the first septennial period being rather too prolifically made up afterward. I have been six times round the Cape in passenger vessels and four times overland, and I quite believe in the stimulating effect—not always for good—of a sea-voyage (long or short) upon the ovario-uterine organization. In prescribing this remedy, however, in cases of sterility,

the medical practitioner might, with the experience of that just related, be inclined to pause, feeling that possibly his patient might hereafter tax him with having prescribed rather "too much of a good thing!"

***Small Continuous Doses of a Natural Mineral Saline Water
in Rickets, Granular Swellings, and Other Disorders of Childhood.***

Dr. WALTER PYE, F. R. C. S., thus writes in the *London Med. Times*, September 10th:

For the past four months I have been observing and noting the action of Friedrichshall water upon children of all ages up to eleven years. The cases in which I have ordered it fall naturally into two groups: those where it was given as a simple aperient in some transitory ailment, and those where it was desired to produce some definite alterative effect upon a disorder of growth, nutrition, or the like.

It is not necessary to give details of the cases in the first of these groups. As a simple aperient I have given it in seventeen cases in all, in doses of from one ounce and a half to four ounces, and have found it generally efficient to procure one or two actions of the bowels without griping. On the whole, I am inclined to believe that this water has a somewhat less purgative effect in children than in adults, other things being equal.

On two occasions an undue amount of griping with watery evacuations resulted, but on the other hand in two or three others it was said to be more comfortably borne than any other purgative medicine which had been tried. For young children, as a purgative, Friedrichshall water will probably be found to be preferable only in exceptional cases to the common vegetable laxative preparations of rhubarb and senna.

But the case stands differently with regard to the second group, in which the water has been given in small doses for weeks or months together. The general outcome of these cases seems to show that in the saline ingredients of Friedrichshall water we have an efficient means of quickening tissue changes throughout the body, and especially of improving the condition and work of the lymphatic glands and of the liver. Its effect also in regulating the action of the intestines in the colicky attacks which are so common in diseases of nutrition, such as rickets and congenital syphilis, is very marked.

In almost every case it was found to be desirable to lessen the dose after the first week or ten days, in order to avoid purging, but this increased susceptibility never amounted to intolerance.

Friedrichshall water should be given warm, and the first thing in the morning. In children, at any rate, it is best to warm it by the addition of a little very hot water. Any attempt at flavoring or disguising the saline taste only makes matters worse, but children, as a rule, take the plain water quite readily. A cup of tea or warm milk and water, a quarter to half an hour after it has been taken, aids its purgative action, but it is not required when small doses are being regularly given.

A Case of Intra-uterine Suppuration.

Dr. HAMILTON VREELAND, House Physician and Surgeon in the Jersey City Hospital, reports the following interesting case in the *Med. Record*, November 7th:

Mrs. J——, primipara, twenty-four years old, was admitted to the lying-in ward, with a history of being fully nine months pregnant, and of having enjoyed good health during that entire period. Examination of the urine at three different times showed a specific gravity of 1.024, no albumen and no casts. The patient remained in the hospital ten days, doing light work about the ward, and being apparently in excellent health. On the eleventh day she kept her bed, complaining of pains in the back, and during the day vomited a small quantity of greenish material, but ate the usual quantity of food. In the evening labor began, the membranes ruptured, discharging a small quantity of liquor amnii, and the head descended into the pelvis. At about midnight the patient began to complain of thirst, the skin was dry, pulse 110, and the pains grew weaker until nine o'clock the following morning, when they ceased. At this time the occiput was under the pubis, but the woman was cyanotic, and the pulse was 120 and feeble. The head was now delivered with the forceps, and this was followed by a gush of sanguineous pus and mucus of a most disgusting odor. Ergot and stimulants were administered, but no uterine contractions followed, and the delivery was completed by traction upon the chin and occiput. The foetus was large and fully developed, and had apparently been dead about two weeks. Its extraction was followed by another discharge of pus. The placenta was firmly adherent, and was removed by the hand introduced into the uterus. There was no hemorrhage, but the patient remained cyanosed, with feeble and rapid pulse and cold extremities, and sank rapidly until death supervened. At the autopsy, made twenty hours after death, the right heart was found to contain a white clot filling both auricle and ventricle. The abdominal cavity contained a pint of dark brown fluid, but no pus and no fibrinous exudation. The stomach and intestines were congested, and markedly distended with gas. The uterus was the size of a large cocoanut, and was the seat of three small fibroids. The walls were thin and succulent on the inner surface, exuding pus when squeezed, and the cavity contained purulent matter and blood-clots. There was no pelvic abscess nor sign of inflammation around the uterus or vagina. The woman had denied receiving any injury, but the husband stated that, two weeks before entering the hospital, she had, in a fit of frenzy, pounded her abdomen, exclaiming that she would kill the child. There were, however, no signs of any bruises, and the woman presented no untoward symptoms prior to the day on which labor began.

A Monstrosity.

Dr. T. M. HOLMES thus writes in the *Atlanta Med. and Surg. Jour.*, for October: On January 4th, of this year, I was hurriedly summoned to attend a case of labor several miles in the country. The messenger, the husband of the woman, informed me that his wife had been in labor for several hours, and that the head of the child was born, and that something was wrong, and he feared his wife would die.

On my arrival, I found matters very much as he had represented. The

woman was suffering a great deal. On examination, I found the child to be dead, and found almost complete uterine inertia. This I thought to be a sufficient reason for the delay of delivery, and hoped that ergot, manipulation and traction would soon accomplish the desired end. Hence, I proceeded at once to put into execution these measures, but imagine my amazement when my whole strength was brought to bear without making the least progress. I then resorted to a bandage around the neck and waist, which resulted in drawing one arm almost out of its socket, and in quite beheading the child. On starting from my office I had failed to carry my forceps, so that I was now thrown upon my wits to devise some means of handling this monster. I conceived the idea of substituting, instead of the ordinary hooks, a pair of old-fashioned pot hooks. This was an adaptation of very humble means for the accomplishing of a much desired end, but it worked like a charm. The hooks were placed in each side below the arm-pits, and for the second time within a month, and the only times in my life, I was reduced to the necessity of calling upon the husband to unite his strength with mine in the delivery of his wife. The former case, like this one, was characterized by an unusually abnormal condition of things. Its sequelæ and results of treatment I hope to be able to report in the future. In this case delivery was soon accomplished, to the satisfaction and delight of all concerned. The *modus operandi* was perhaps a little unique, but none the less effective, for success was the reward of our labor.

The shape of this fetus was most remarkable, being that of a balloon, the fundus being at the breech. This was the secret of the whole trouble. I could now see why the difficulty of delivery. Its weight was twelve and a half pounds. On opening the abdomen three pounds of an opaque sanguinolent fluid ran out. The intestines were intact, but there was no stomach nor spleen, and the lungs and kidneys were the merest rudiments.

The interesting feature in the case was the formidable delivery, when, so far as could be discovered, there was no cause for it, and which cause, when known, proved to be so unusual. The mother made a good recovery.

Renal Hæmorrhage Complicating Pregnancy: Symptoms Simulating Labor.

Dr. JOHN MULVANY thus writes in the *Brit. Med. Jour.*, September 19: On the 11th of January last, a woman 35 years of age called on me, in company with a friend, in reference to a bloody discharge which, she said, came from the womb. She stated she was unmarried, but she had the appearance of being far advanced in pregnancy; and, on applying the stethoscope, I easily detected the pulsation of the foetal heart. She then admitted that she might be pregnant. I thought it probable that a miscarriage was impending, and made a digital examination. The os uteri was undilated, and I noticed, on withdrawing the finger, that no signs of blood were left on it, whilst a good deal was smeared on the hand. Further investigation showed that this had come from the urethra; and, on passing a catheter, a good deal of bloody urine escaped. I prescribed tannin. Two days afterwards (13th), she again visited me and stated that labor had commenced; that she was suffering from severe pains in the back, shooting round to the groins, with a good deal of bearing down, and a bad-smelling bloody dis-

charge. On examination, I found no evidences of labor; and further investigation showed me a clot hanging out of the meatus urinarius. On pulling this, a large semi-organized coagulum, weighing about half an ounce, came away. The catheter was then introduced, and about a gill of bloody urine streamed out, and then abruptly ceased. The withdrawal of the catheter was followed by a large clot, and the instrument itself was blocked up by coagula. Having cleared and reinserted it, I threw in about a pint of warm water, and removed a good deal of clot in the course of about an hour. The same performance was enacted at night, and even then I had not completely freed the bladder from its sanguineous contents. I gave gallic acid in ten-grain doses every four hours.

On the 14th, she had strong bearing-down pains and severe backache. A coagulum protruded from the urethra. The bladder was washed out, as before, with warm water and boracic lotion. In the evening, the urine was but slightly tinged with blood, and next morning its color was normal, but it was highly albuminous. I prescribed nitro-glycerine in minim-doses of 1 per cent. strength. On the 16th, the back was relieved; there were no pains; micturition was free. The urine was scanty and albuminous. On the 17th, the urine was highly sanguineous, but without clots. The nitro-glycerine was omitted; the gallic acid resumed. From this date no further emission of blood took place. The albumen gradually disappeared from the urine; and on February 2d labor set in, and was easy and quick. The mother and child are at the present time in good health.

REMARKS.—This case, in addition to the interest pertaining to such a rare complication of pregnancy as renal hæmorrhage, presents for consideration a variety of symptoms so closely simulating labor that it is quite within the bounds of probability to assume that mistakes have occurred in point of non-recognition of the real state of affairs in cases of this nature, and in this way that terrible, but fortunately rare, phenomenon—rupture of the bladder—may have been produced.

Ovariectomy Performed During an Attack of Acute General Peritonitis—Recovery.

Dr. WILLIAM FOX reports to the *Med. Record*, the following case: Mrs. H—, aged thirty-eight, was married when very young, and had a child when only sixteen years of age. She began menstruating when twelve years of age and has always been regular, but suffered extremely at each period, more since the birth of her child than before. She became a widow at twenty-five, and remained so for six years, when she married again. Twelve years ago she began to suffer from indigestion and a feeling of discomfort in the lower part of the abdomen, which became somewhat enlarged. The abdomen gradually increased in size, but the patient was never ill until four years ago, when she had an attack of peritonitis, confining her to bed for two months. After a tedious convalescence, she remained fairly well until June 20th of the present year, when she was again seized with acute general peritonitis. The abdomen had been increasing still more during the past ten months, so that the patient believed herself to be pregnant, and had engaged Dr. J. W. Fisher to attend her. He was summoned on the morning of June 20th, and made a diagnosis of ovarian cyst with acute peritonitis. Dr. Fox was now called in consultation, and three days later Dr. H.

Senn was also requested to see the patient. There was at this time great distention of the abdomen, the pulse was rapid and wiry, the temperature ranged from 101° to 103° , the respiration was rapid and entirely thoracic, and intense pain was experienced. Distinct friction could be felt when the hand was applied over the tumor on the right side. After the peritonitis had existed for a week, the woman's condition having grown continually worse, it was determined to operate, this being apparently the only chance of salvation for the patient. At this time stercoraceous vomiting had begun, and death seemed to be inevitable unless something was done at once. A room in the attic of the house was made thoroughly aseptic, and the patient was removed to it for operation. Upon opening the abdomen the evidences of a dry peritonitis, such as has been described by Mr. Tait in these cases, were manifested. The tumor was a monocyst, with a number of small endocysts near the pedicle. It was emptied by means of Emmet's trocar, and drawn through the abdominal wound. The pedicle, which was short and very thick, was divided by the hemostatic forceps into four sections, each of which was separately ligated with silk. The end of the stump was covered with peritoneum, the edges of which were approximated by a continuous catgut suture. No fluid was found in the abdominal cavity. The left ovary was healthy. The wound was closed, after a careful toilet of the peritoneal cavity, with four deep sutures of aseptic braided silk and an equal number of superficial catgut sutures. With a view to guard against engorgement of the large vessels, a bandage of elastic webbing was applied over the Lister dressing. An improvement in the patient's condition was seen immediately after the operation; the respirations were less rapid, and the pulse became slower and of better volume. This improvement could be attributed to nothing but the removal of the excessive intra-abdominal pressure.

Abnormalities in Obstetric Practice.

DR. SAMUEL BELL thus writes in the *Med. Age*, November 10: On the evening of the 11th of April, was called to attend Mrs. T. On examination per vaginam, I found the os uteri partially dilated, labor-pains quite frequent, but of short duration, and very distressing to the patient. Remained all night.

Labor progressed no further until May 11th, when labor was quite natural, and of short duration. The nurse called my attention to something peculiar about the baby. Upon examination, I found a large cavity in the spinal column, about three inches in diameter, and about six inches in length. The cavity contained a large amount of semi-transparent liquid inclosed in a thin membrane. Part of the dorsal and lumbar region was affected by the arrest of development. My diagnosis was a case of spina bifida, with an unfavorable prognosis, which was confirmed in less than three months. The amount of fluid in the cavity decreased; the cavity itself remained about the same as at birth. Death was the result after a gradual declination of tissue formation, much to the gratification of the parents.

Patient No. 2. September 4th, was called to attend Mrs. V. in first confinement. Nothing abnormal occurred during labor, with the exception of want of uterine contractions sufficient to expel the fœtus, which had the effect of retarding labor, and exhausting the strength of the patient. After opportune attention

to the mother, I examined the infant, and found a large pedunculated tumor hanging from the head, and attached to the alveolar process of the upper jaw. I immediately excised the mass without difficulty and with but slight hæmorrhage. Nothing abnormal occurred subsequently in connection with the case.

October 12th.—Was called to attend a primipara. Did not arrive at the house of patient until twenty minutes after birth of foetus, which was born dead. The placenta being still in utero, received proper attention. After due attention to the mother, the nurse called my attention to the child. I was surprised to find, upon examination, a female infant with fully developed body, all excepting the head and neck. The face seemed to be normal up to the orbital arch; above that point there was nothing reaching to the occipital protuberance, which was quite prominent. No cranial covering. Brains entirely absent, and not the least trace of any hair. The lower maxillary was in close proximity to the thorax. A small circular ear protruded from the side of the head, much resembling that of a young pup. The occipital protuberance was in a straight line with the spinal column, the angle of the lower jaw and ear resting upon the shoulders, the neck being very short. I inquired into the mother's history during pregnancy. I learned from her that about the fifth month of pregnancy a pet dog of hers had fallen into the well adjoining her residence and was drowned, causing her considerable anxiety. Whether the above event, happening just at that time, was the cause of such an abnormal freak of nature, is not conclusively proven. Nevertheless, these two facts remain: 1st, that the infant's head had some resemblance to that of a dog; 2d, that during intra-uterine development she received a fright. The cause is not without interest to the student of the science of development, and the psychologist.

Dystocia from Rigor Mortis in the Fœtus.

Dr. B. JONES thus writes in the *Brit. Med. Jour.*, November 21: The following case is one of great rarity. Previous to its occurrence, I had never heard of a similar condition, and none of the books I had at hand made any mention of this state in the foetus. Dr. Robert Barnes, however, to whom I communicated the case, has very kindly informed me that he has, in his *System of Obstetrics* (vol. ii. p. 578), made reference to this condition, and to its effects upon the labor, as follows: "Death or impending death of the foetus. In connection with this, there may be emphysematous distension from putrefaction, or the rigor mortis may prevent the adaptations of the foetus." I am glad that my opinion of the cause of the difficult labor is in accord with that of so eminent an authority.

On the 30th of September last, I was called to a woman in labor of her tenth child by the midwife in attendance, who had been with her patient for several hours, during which the pains had been frequent, and the labor had progressed, although slowly, until the head reached the outlet of the pelvis, when it became arrested. As it had been in this position for an hour and a half, on my arrival I at once applied the forceps, and brought down the head without very much difficulty; as soon as the greatest diameter of the head had passed the outlet, and the occiput was external to the vulva, I removed the forceps, expecting that another pain would bring the head; but it remained stationary for some time, although the maternal resistance was overcome, and required several very strong

pains, assisted by considerable manipulation, before the whole head was born, and I anticipated the necessity of having again to apply the forceps.

After the head was delivered, there was again considerable difficulty attending the birth of the rest of the body. When traction was applied, a dense feeling of resistance was encountered, which suggested that we had to do either with a case of malformation or some morbid state of the fœtus. As careful examination failed to reveal anything to account for the difficulty, greater force was used; and, after considerable and continued traction, the shoulders and the rest of the body was extruded; and it was seen that the whole of the fœtus was stiff and rigid, with the knees flexed, and in one or two places slight desquamation of the cuticle, from commencing putrefaction.

On a detailed examination, the following condition of the fœtus was discovered. The lower extremities were perfectly rigid and semi-flexed. the muscles of the abdomen and back in the same condition as to rigidity. The arms were movable, though stiffly, but the muscles hard and indurated. The neck and spine, to about the fourth dorsal vertebra, were indurated, but could be moved at this point as a hinge. The muscles of the head and face were also stiff and rigid, and the cause of the dystocia had evidently been here, the body not being able to adapt itself to the curves of the passages until the death-stiffening had been overcome. The condition of the child, thirty hours after birth, was identical with the preceding description, except that the whole body was somewhat more flabby.

There can, I think, be no doubt that this was a case of true rigor mortis, and its rarity is sufficient excuse for recording it, though one may wonder whether this condition may not be sometimes overlooked, as such a condition in a still-born child does not seem a very remote probability.

Ruptured Uterus—Recovery—Subsequent Pregnancies.

Dr. A. E. AUST LAWRENCE thus writes in the *Brit. Med. Journal*, September 26th:

A. H. applied as an out-patient; stated that she was pregnant, and wished to have a living child, as she had been confined of dead children in five instances, and the only living child was one born rather before its time, and brought into the world by forceps, the marks of which were even then distinctly visible, after six years had elapsed since its birth.

Examination of the pelvis indicated that the difficulty lay in the antero-posterior diameter, being lessened about three-quarters of an inch. Dr. Aust Lawrence therefore advised that labor should be induced at the end of the eighth month. This was done, but the child was again still-born, owing to the great difficulty in delivery-turning. In the course of another year she became pregnant again, and Dr. Aust Lawrence advised labor to be brought on at seven and a half months; but, owing to a miscalculation on her part, it was eight and a half months before it was done. On attending to induce labor at the appointed time, it was found that, owing to a very severe dose of castor-oil she had taken, labor-pains had set in; the right hand and cord presented by the side of the head. The hand and cord were pushed up, the membranes ruptured, and the head engaged well at the brim of the pelvis. A binder was put on, and the case was left in charge of the obstetric clerk. Labor-pains set in very violently for about two hours, then sud-

denly ceased, and the woman complained of tenderness over the whole abdomen, but only when touched; she had no symptoms of attack, or collapse, or hemorrhage. Dr. Aust Lawrence now found the hand and cord down again; he therefore turned, and delivered without difficulty, the only abnormality noticed being that, as the hand was passed into the uterus, a slight rush of blood took place. After about twenty minutes, the finger was passed into the vagina to remove the placenta. As the uterus was small, and firmly contracted, it was thought that the placenta would be lying in the vagina, but it could not be felt. The hand was then introduced, and the cord followed up through what appeared a partly contracted os uteri, and it was found that the placenta was free in the abdominal cavity, lying in the left iliac fossa. On withdrawing the hand into the vagina, a hard, solid, round body, with a canal in it, which admitted the finger for its full length, was found; this was the firmly contracted body of the uterus. It was now evident that what had taken place was that the lower segment of the uterus had been fixed between the pelvic walls and the head, so that the force of the uterine contractions had torn away the body of the uterus from the cervix on its anterior aspect.

The hand on being passed through the rent, with its palmar surface directed backwards, could feel the fundus uteri above the small intestines. At the back of the hand was the bladder, fortunately distended with urine, so that it lifted up the intestines, and prevented them falling into the rent. The placenta was removed, the woman placed on her left side, with the hips well raised to prevent the intestines prolapsing; this position, together with the distended condition in which the bladder was kept, entirely prevented the intestines from falling through the rupture.

The treatment consisted in keeping the woman well under morphine, and giving only ice and milk as food. The pulse never went above 90; the temperature reached 101.8° Fahr. on the third day, but was normal on the sixth. On the fourteenth day she got up, perfectly well, but with a hard mass of cicatricial tissue in front of the uterus, and an aperture in the upper part of the vagina which ran up parallel to the cervix, and opened into it half an inch inside the os uteri. It was noticed during labor that the uterine walls were very thin.

Remarks by Dr. Aust Lawrence.—Here was a case of ruptured uterus, and yet no symptoms were present to indicate such a serious condition. Her recovery was very remarkable. I have delivered her since at the end of seven and a half months of a child that lived only a few hours, and she is now again pregnant six months. An interesting point in connection with this present, and also the last pregnancy, is that she has suffered from retroflexion of the gravid uterus, and has had to come into the hospital to have it put right. The cicatricial tissue in front of the uterus evidently has pulled the cervix upwards and forwards, and then the increased weight of the pregnant uterus has caused the fundus to fall backwards. The uterus was not retroflexed in the unimpregnated condition. In reference to the entire absence of the main symptoms of ruptured uterus, namely, shock and collapse, I might mention a case I was asked to see by a medical friend, where the labor had been going on for about twelve hours, and the head had arrived low in the pelvis, when it was noticed to have receded almost out of touch. There was a good pulse, no symptoms of shock or external hæmorrhage,

yet, on examination, I found half of the child had escaped into the abdominal cavity, and a large quantity of blood had also accumulated there. The patient I delivered by the vagina, removing both child and placenta through the rent; and although the abdomen was opened by my colleague, Mr. Dobson, and the rent in the uterus stitched up, yet she sank from the loss of blood into the abdominal cavity prior to delivery.

One other case with absence of the ordinary symptoms was recorded at the meeting of the Bristol Medico-Chirurgical Society, by Mr. Griffiths, and the specimen, a ruptured uterus, a full-term milk or fibroid tumor in wall, shown. The patient died of pulmonary embolism a few hours after delivery. These cases are instructive, inasmuch as the ordinary symptoms were absent; and I certainly think that cases of ruptured uterus may be more common than we generally are aware of, and that a certain number recover without our even knowing that they were in such a serious condition.

Vomiting of Pregnancy Treated by Artificial Feeding.

Dr. BRUNNICHE reports in the *Hospitals-Tidende*, No. 29, 1885, the case of a pregnant woman who suffered from uncontrollable vomiting. After trying many things without success, the author obtained a cure by feeding his patient through a tube introduced through the œsophagus, but not into the stomach. Milk, broth, powdered beef, and other materials, were introduced in this way and retained on the stomach, but as soon as the patient attempted to swallow the vomiting began again. At the end of three weeks, however, the vomiting was permanently controlled, and the patient was able to take food in the ordinary way.

A 3440-Grain Calculus Removed from a Young Boy's Bladder.

At a recent meeting of the Surgical Staff of the City Hospital, Jersey City, N. J., Dr. THEO. R. VARICK, Surgeon-General of the State, removed a calculus weighing three thousand four hundred and forty grains from the bladder of a boy twelve years old.

VII. SURGERY.

The Employment of Powdered Coffee as an Antiseptic Dressing in Military Surgery.

Dr. OPPLER (*Deutsch. milit. Zeitschr.*, 1885,) proposes the employment of powdered coffee as a primary dressing upon the battlefield, especially in default of other antiseptics. The powdered coffee should be applied to the wound and covered over with a small quantity of soil, an air-tight antiseptic dressing thereby resulting. Former experiments of Dr. Oppler show that powdered coffee prevents putrefaction of blood, urine, foods, etc., and that it is a true antiseptic.

Eucalyptus-air and Dry Dressings.

Mr. MAYO ROBSON, in the *Brit. Med. Jour.*, October, 1885, reports eighteen cases in which he has employed the dry-air eucalyptus spray instead of the carbolic acid spray. A previous paper, describing the value and mode of using the eucalyptus, appeared in the *Journal*, March, 1882, p. 421. The dressings used are a single layer of gauze, wet with carbolic acid, 1 in 40, or of perchloride of mercury, 1 in 2,000, applied next the wound, and over this a thick layer of salicylic silk or wool, the whole being retained in position by a gauze bandage. If there be no drainage-tube, this is the first and final dressing; but if there be tubes, these are removed on the third day, and another dressing applied.

Rupture of the Aorta.

In the *Bristol Med. Chir. Jour.*, No. 8, Mr. BUSH records the case of a young man, aged 18, who soon after rowing was noticed to look ill; presently he sank back, and on landing was found to be dead. At the *post mortem* examination, the heart and pericardium were natural. Just above the anterior aortic valve there was found a rupture through the internal and middle coats of the aorta; it spread round the aorta in a spiral manner, terminating about a quarter of an inch higher than the level of its starting point, and extended one circumference and a quarter. The rent passed through the elastic coats of the aorta, and dissected the fibrous coat to the extent of half an inch upwards, whilst downwards the separation of the coats extended as far as the origin of the aorta.

Treatment of Carbuncle.

Before the Philadelphia Academy of Surgery (October 5), Dr. JAMES COLLINS said:

"I have lately treated two cases of carbuncle on the back of the neck by a method which seems to have some advantages. The patient is put under the

influence of an anæsthetic, and a linear incision made. I then take a scoop and remove all the necrosed tissue, and wash the parts thoroughly with antiseptic mercuric chloride. I then put in a drainage-tube, and insert two stitches to bring the central parts together. Each day the cavity is thoroughly washed out with the antiseptic solution. The patients have done well, and the cicatrix has been less than after any other method I have tried. The success depends upon the removal of the necrosed tissue and the use of the antiseptic solution."

Cysts of the Pancreas.

Dr. N. SENN offers the following propositions in the *Jour. Am. Med. Ass.*, September 20th:

1. Cysts of the pancreas are true retention cysts.
2. Cicatrical contraction or obliteration of the common duct or its branches, and impacted calculi, are the most frequent causes of cysts of the pancreas.
3. A positive diagnosis of a cyst of the pancreas is impossible; a probable diagnosis between it and some other kind of cysts amenable to the same surgical treatment, is adequate for all practical purposes.
4. The formation of a pancreatic fistula under antiseptic precautions recommends itself as the safest and most expedient operation in the treatment of cysts of the pancreas.

Tumors of the Bladder.

The *Ann. Univ. di Med. e. Chirurg.*, says that Dr. GIOVANNI MORI, in a study of tumors of the bladder, agrees with Pousson, in affirming:

1. The benign tumors of the bladder, papillomata, are more frequent than malignant neoplasms.
2. The favorite seat of these and other new growths is the back and posterior wall of the bladder.
3. They all have a tendency to be small.
4. Ganglionic engorgement and general infection are extremely rare.
5. Inflammatory lesions of the bladder and kidneys are slow, and are only exceptionally the direct consequence of the neoplasm, unless at a late period, when provoked by catheterization or ill-advised treatment.

Prophylaxis of Gonorrhœa.

The *Med. News*, December 12, says that after passing in review the various hygienic procedures designed to diminish the liability to gonorrhœal infection, M. MARTINEAU strongly recommends the use of a warm solution of bichloride of mercury, one part in five hundred, as a wash and injection. "It is desirable," he adds, "that every prostitute should have this solution in her room for the use of both parties before and after coition. The application of this solution to the surfaces exposed to contagion is without danger, and is very efficacious in its action upon the gonococcus." The formula given is as follows:

R.—Corrosive sublimate 2 parts.
 Ammonium chloride 6 "
 Alcohol 200 "
 Water q. s. ad. 1000 "

Injection of Essence of Turpentine in Fistulæ.

The *Med. News* says that M. SETT. CECCHINI (*Annali univ. di Med.*, 1885, p. 101,) claims for the injection of turpentine in fistulæ an alterative, a cicatricial, and, above all, an antiseptic action, in which last regard he considers the drug to be superior to carbolic and salicylic acids, thymol, and even the salts of mercury. It is injected either pure or diluted with olive or almond oil. The action is better and more rapid if the undiluted essence is used. With timid patients the essence of turpentine is mixed with a solution of chloride of morphia, with a reduction to a minimum of the pain involved. The method has been employed by Cecchini with success in five out of seven cases of anal fistula; without failure in six cases of caries of the petrous bone, and in eight cases of dental fistula complicated by a greater or less degree of caries of the maxilla. This treatment failed in one case of fistula of Steno's duct, and was completely successful in fifteen cases of atonic fistula.

The Excretion of Urine in its Relations to Abdominal Surgery.

The *Weekly Med. Review*, October 31, says that in the *Annales des Mal. des Org. Génito-urinaires*, May 1885, THIRIAR says that if the chlorides in the urine after laparotomy sink below one grm. in twenty-four hours, (twelve grms. being the normal amount), we must look out for septic peritonitis. As long as a higher excretion than one grm. is maintained, no serious apprehensions need be entertained even should the patient have fever, emesis, etc.

We are inclined to doubt the exactness of this statement and think it will be more correct to become apprehensive when symptoms of peritonitis develop, even should the lowest figure of chlorides-elimination not obtain.

In the establishment of the diagnosis of doubtful abdominal tumors, Thiriar lays great stress on the excretion of urea. He says that in cases of malignant tumor the amount of urea per diem sinks below twelve grms. The normal amount is thirty-two grms. Thiriar considers this test so reliable that he trusts to it even in the determination of malignant or benign stricture of the pylorus.

Gumma of the Auricle.

The *N. Y. Med. Jour.* says that HESSLER reports a very interesting case of this rare disease in a man aged twenty-four. There was partial necrosis of the cartilage of the auricle, resulting from an ulcerating gumma, which had existed for several weeks. This suppurated for several days at a time, and then the discharge ceased. The right auricle was very much swollen, bluish in color, and stood out straight from the head. The tissues over the mastoid were markedly swollen. Upon the anti-helix was an ulcer, three mm. in diameter, with yellow margin and base, and a dirty serous discharge. The external auditory canal was narrowed, but the glimpse of the drum-membrane that could be obtained through the lumen showed it to be normal. The hearing power was undiminished. The initial lesion had probably occurred four years previously. The case was at first treated by cauterizations with silver nitrate and simple lead-washes, and each application of the caustic was followed by enormous swelling of the auricle. At a later visit, the whole substance of the auricle round the ulcer was found under-

mined, and the cartilage found necrosed throughout a considerable extent. Large doses of potassium iodide brought about a complete cure in less than two months.

Scarification of the Larynx as a Substitute for Tracheotomy.

Dr. G. HUNTER MACKENZIE, *Edinburgh Med. Jour.*, for October, says that in all cases of laryngeal obstruction it is important, of course, to avert the necessity for tracheotomy, to which, even under the most favorable circumstances, a certain amount of risk is attached. In deciding as to the propriety of performing scarification, one must necessarily have regard to the cause of the obstruction; and whilst it would be futile to attempt it in the case of tumors, paralysis of the cords, and impaction of foreign bodies, its performance would be indicated in cases of oedematous laryngitis. I have lately witnessed the beneficial results which accrue from it in one such case, and some time ago I saw another instance in which my friend Dr. Black operated, and averted an apparent tracheotomy. The operation is best performed by means of Morell Mackenzie's guarded laryngeal lancet, which, held in the right hand, is piloted to the seat of action by the left forefinger. The usual laryngoscopic apparatus is thus not necessary to its performance.

New Dressing in the Treatment of Bubo.

Prof. JANOVSKY, of Prague, in an article in the *Vienna Med. Press*, recommends strict antisepsis in the opening of buboes. He has not observed a fistulous tract in two hundred cases, under this treatment. Of the different applications he recommended, first iodoform, next the turf dressing. He first shaved the hair from the place of operation, bathed the parts in a two per cent. solution of carbolic acid or in a 1:1000 solution of the bichloride; then washed with soap, and applied ether. The hands of the operator and his assistants must be carefully disinfected. Incision of abscesses, when they are numerous in this region from adenitis, give the worst results. The cut should be made as long as possible. The cavity of the abscess must be washed out with the carbolic acid or the bichloride solution, whichever has been chosen. The slightest hemorrhage must be controlled by wadding saturated with salicylic acid, or with carbolized sponges. If the abscess cavity has a fatty base, with a bad-looking covering, then he recommended disinfection with a five per cent. carbolic acid solution. He then gave in detail the technic of the application of the different forms of bandage.

Tuberculous Meningitis Subsequent to Surgical Operations for Removal of Fungous Synovitis.

L'Union Med. says: At a meeting of the Société de Chirurgie, held October 21, 1885, M. RICHELOT reported the history of a case of tubercular meningitis, supervening upon an operation for fungous synovitis of the wrist. The operation was performed August 3d, and consisted simply of scraping the fungosities developed in the sheath of the flexor muscles of the wrist. The wound was dressed antiseptically, and united by first intention. The patient was a vigorous, well-developed man, whose general condition gave no indication of tubercular

diathesis—but the day succeeding the operation the temperature rose to 102.2° F., and subsequently varied between this and 104° and 105.8°. August 15th, violent pain was experienced in the testicles, and a double orchitis was developed, and at the same time symptoms of meningitis came on, to which the patient rapidly succumbed. The autopsy showed, in addition to the meningitis, the presence of gray granulations in the lungs, together with the reappearance of the fungous growths in the wrist.

M. Richelot considers the case beyond doubt as one in which surgical operation produced a general from a local tuberculosis.

Laparotomy for Ileus.

Dr. HENRY F. BEAM, of Johnstown, Pa., reports (*Med. Record*) the case of a lady, aged forty-eight years, who had been confined to bed for two months, suffering from an obscure trouble. She had jaundice, the pulse was small and rapid, the temperature was 101° F., the patient suffered intense pain, and had fallen away forty pounds in weight. For three days she had had occasional attacks of stercoraceous vomiting. Palpation of the abdomen caused great pain, especially in the right iliac region, where there was a prominence resembling a hernia, beneath which could be felt a hard, round substance. An attempt to move the bowels by enemata was unsuccessful. It was finally determined to operate, and accordingly, chloroform having been administered, an incision two inches in length was made over the point of swelling. The ileum was opened at its point of junction with the cæcum, and the knife immediately struck a hard body. The incision being prolonged, a calculus the size of an English walnut was removed. This was found on section to consist of a small nucleus, the size of a buckshot, surrounded with concentric layers of a material resembling lime, about one-sixteenth of an inch in thickness. The patient made a good recovery.

A Case of Branchial Cyst.

Dr. C. E. BUSEY, of Lynchburg, Va., gives the following report of one of these rare cases to the *Med. Record*, November 28th :

“In presenting this rare case of congenital tumor of the neck, I will only give its history and treatment. A five-year-old boy was brought to me by his father to consult about a diffused fluctuating swelling, situated under his right lower jaw, which had been growing for six months, and when first noticed by his mother it was the size of an almond. As the little fellow had always been perfectly healthy, and had never complained, his parents paid no attention to the enlargement until it reached its present size. Becoming alarmed, they brought him to me for treatment. Upon examination, I found a growth about the size of an egg, situated under the right lower jaw. Free manipulation produced no pain or discomfort. Skin, mouth, and teeth were found to be in good condition. No history of an injury. Family history good. Suspecting a congenital cyst, I introduced a hypodermic needle, and withdrew a straw-colored fluid, which, upon microscopic examination, was found to contain epithelial cells, confirming my suspicions. The introducing of the needle and withdrawal of fluid set up an active inflammation, which caused the tumor to decrease and disappear.”

Cocaine as an Anæsthetic in Fracture.

Dr. J. R. CONWAY, Jr., writes to the *Med. Record*, November 14: Having read with great interest Dr. M. Josiah Roberts' recent article on the use of cocaine in bone surgery, it occurred to me that it would be equally applicable for the painless examination and reduction of fractures. The first case in which I had an opportunity to use it was that of a painter, who had fallen a distance of thirty feet to the ground, striking upon his right buttock and the palmar surface of the right hand. The right radius was fractured about three-fourths of an inch from the lower extremity of the bone, and the lower fragment was displaced backward upon the upper one and firmly held in that position. All attempts at examination of the fracture caused him great agony, and I resolved to try if deep injections of cocaine at the point of fracture would sufficiently anæsthetize the parts to allow of thorough examination and reduction of the deformity without causing him pain. I proceeded to inject five minims of the four per cent. solution into the inner, outer, and posterior surfaces of the forearm, directly over the seat of fracture and as deep as the bone. In five minutes the fracture could be thoroughly examined, and even roughly handled, without the patient experiencing the slightest pain. After the examination I reduced the deformity by extreme extension of the wrist-joint, together with traction, using considerable force, but without causing the patient any uncomfortable sensations.

Foreign Body Causing Vesical Calculus.

To the Philadelphia Academy of Surgery, October 5, Dr. J. EWING MEARS presented the following case: The patient was a man from the interior of the State, 56 years of age, who had been suffering with bladder-trouble for nine months. There had been difficult micturition, with pain, and the diagnosis of inflammation of the bladder had been made. Six months ago, in order to relieve the difficulty in passing water, he said that he had introduced a straw some two or three inches long. He was under the influence of liquor at the time, and the straw slipped from his grasp and entered the urethra. His symptoms then became more marked, and he came to this city. I introduced a sound, and discovered in the bladder the stone or mass which you see. The urine was carefully examined, and it was found to contain a large quantity of albumen and also phosphatic deposits. The question arose, in view of the man's habits, his age, and the condition of the urine, whether it would be better to perform lithotomy or lithotripsy or litholapaxy. Under the circumstances, I considered lithotomy the preferable operation.

I cut the man, and in so doing opened an abscess in the prostate, evacuating about an ounce of pus. I then entered the bladder and removed this cluster of calculi with a scoop. The bladder was then washed out, and in two weeks the man returned to his home with wound entirely closed.

Sugar Dressings.

Dr. LUCKE, of Strasburg (*Deutsche Zeitschr. für Chirurg.*, Band. xxii., Fasc. 3 and 4, 1885), publishes the results of a sugar-dressing which he has recently adopted. The instruments are immersed in a 5 per cent. solution of carbolic

acid. Half an hour before the operation is performed, the hands of the operator and his assistants are disinfected; in serious operations, laparotomy, etc., the spray is used; the wound is sponged out with disinfected sponges, and sometimes washed out with an irrigator. A sugar-dressing, prepared as follows, is placed on the wound. A piece of cardboard is covered with a sheet of gutta-percha; upon this is placed a piece of muslin free from fatty matter. A layer of powdered sugar is then prepared; it should be half a centimetre thick, and sufficiently large to extend ten centimetres beyond the wound; the muslin is folded over the sugar; a thick layer of muslin, free from fatty matter, is placed next to the wound; the sugar-dressing is superposed, and over that again a sheet of gutta-percha; the edges of the dressing are guarded by cotton-wool. The dressing remains untouched for six or eight days, unless fever set in, which is quite an exceptional occurrence. When the drainage-tubes are shortened and the sutures removed, a fresh sugar-dressing is applied. When there is a raw surface, the sugar-dressing is applied directly to the wound. Dr. Lücke adopted this dressing with two hundred and two patients. Five of them died; a female patient from erysipelas, who had been operated on for cancer of the breast; another from hæmorrhagic nephritis; two others from pulmonary phthisis; the fifth died during the operation.

Treatment of Acute Epididymitis with Subnitrate of Bismuth.

Dr. J. A. COMINGOR, Professor of Surgery in the Medical College of Indiana, writes:

"In your issue of July 11th, a paragraph is published from the *Gazetta Medica di Roma*, setting forth the value of Fuller's-earth in the treatment of acute epididymitis. For several years and in many cases, both in hospital and private practice, I have been treating this affection with subnitrate of bismuth, with results nearly identical with those claimed for Fuller's-earth. Under its application, pain is speedily relieved and tenderness and swelling subside in a short time. In fact, its action has been so uniformly beneficial, I have not found it necessary to use anything else in ordinary cases. I direct it to be used as follows, to wit.: Bismuth in indefinite quantity, water sufficient to make a paste about the consistence of thick cream, and with a large camel's hair brush paint the scrotum two or three coatings, and repaint at intervals several times daily. To make the directions more definite, take bismuth and water in equal parts, mix, and apply as above. For the purpose of taking the weight off the cord and blood-vessels, I order some sort of scrotal suspension; if the ailment is severe enough to bed the patient, a broad strip of adhesive plaster or bandage fastened across or around the thighs, with sufficient padding under the scrotum and contents to elevate above the level of the body to favor the return of blood, will be found serviceable. This method of treatment, in my hands, has been so beneficial and satisfactory, I have for several years thought I ought to give it to the profession.

"As to its mode of action I am by no means clear. I have given it a great deal of thought, and have theorized in a variety of ways, without being able as yet to reach a satisfactory solution of the question. In the meantime I have observed on making the application on the smooth shining surface, that scrotal corrugation and shrinkage, with alleviation from pain, immediately followed. Now

whether these effects are the direct result of the astringent and metallic properties of the agent, or whether they were due to the mere protection given the sensitive surface from the air, I know not. But that it is highly serviceable I verily believe."

On the Occurrence of Gangrene of the Scrotum After the Removal of the Enlarged Inguinal Glands.

Dr. RANDOLPH WINSLOW thus writes in the *Maryland Med. Jour.*, Nov. 21:

Several cases of gangrene of the scrotum following ablation of diseased inguinal glands have come under the notice of the writer, and, as the experience is novel to us, we lay the records before the profession, in hopes that similar cases may be reported, if they have been observed by others. Whether the occurrence of gangrene in these cases is merely an accidental complication due to septic or other extraneous causes, or whether it is a condition more or less adherent to the extirpation of the inguinal glands, is a matter about which we are entirely in the dark. In several cases of extirpation of inguinal glands under our observation, no bad symptoms whatever have occurred, healing going on promptly and satisfactorily; and as the operation is one of very great value in appropriate cases, it is important to ascertain whether there is an especial liability to the accident described. The scrotum is chiefly supplied by the superficial and deep external pudic arteries, with their corresponding veins; and its lymphatics are in direct communication with those of the groin. In the operation of extirpation of the inguinal and saphenous lymphatics, these vascular and lymph vessels are liable to be interfered with, but one would scarcely anticipate any serious consequence from such interference, as there is an additional blood supply from the superficial perineal branch of the internal pudic. The cords and testicles were not involved in the gangrene in any case.

Injection of a New Preparation of Albuminate of Mercury in Syphilis.

Dr. MAX BOCKHART, of Wiesbaden, describes, in a German dermatological journal, an ingenious method of administering mercury in syphilitic cases by subcutaneous injection, which, he says, is perfectly innocuous, never having caused pain, induration, or abscess. He combines the mercury with blood-serum. The latter, which may be obtained from the horse, sheep, or ox, is sterilized according to Koch's process, and then filtered. Of the filtrate, 40 cubic centimetres is poured into a graduated glass. To this is added a warm (50° Cent.) solution of 3 grammes of bichloride of mercury, in 30 grammes of water. The resulting precipitate is dissolved in a solution of 7 grammes of common salt in 20 grammes of water. This gives a 3 per cent. solution of mercury blood-serum. This is then mixed with distilled water, so that the whole weighs 200 grammes, which reduces the strength to 1½ per cent., which is the best strength for use; a gramme of it containing 0.015 gramme of mercurial albuminate. This solution is a yellowish opalescent liquid, with neutral reaction, and will keep very well in a dark glass bottle in a cool place. The injections are given once or twice a day, 0.7 gramme being introduced on each occasion, containing about 0.01 gramme, or three-twentieths of a grain, of albuminate of mercury. Besides acting rapidly

and powerfully on syphilis, and keeping the system for a long period free from secondary symptoms, this preparation has the advantage of being stable, cheap, and easily prepared.

Cocaine in Dental Surgery.

- Dr. J. H. MARTINDALE, of Minneapolis, Minn., writes to the *Med. Record* that he has had very satisfactory results with cocaine in his dental practice. Before proceeding to the extraction of incisors or bicuspid or their roots, he dries the adjacent portions of the gums and rubs them with a five per cent. oleate; then he introduces a hypodermic needle at the free edge, passing it for a distance of half an inch parallel to the roots of the tooth to be extracted, and injects two or three minims of a four per cent. aqueous solution. The tooth may then be pulled with little or no pain. In chronic alveolar abscess with fistula, the carious bone may be gouged away without exciting pain, by introducing the hypodermic needle as far as possible into the sinus and injecting three or four minims of a four per cent. solution. The sensitiveness of the mucous membrane investing the parts near the soft palate, causing the patient to retch during manipulations about the back teeth, may be overcome by bathing the parts with the four per cent solution. Dr. Carl Tuttle, of Berlin Heights, O., writes upon the same subject. He thinks that failure is often due to a too sparing use of the anæsthetic. He inserts the point of the hypodermic needle one-quarter of an inch from the free margin of the gum, and passes it well down to the roots between the gum and the alveolar process. He injects in this way seven minims of the four per cent. solution on each side of the tooth to be extracted, and allows eight minutes to elapse before using the instruments. He says that he has had very satisfactory results in dental practice from cocaine employed in this way.

Coccygectomy.

We find the following case in the *Edinburgh Med. Jour.* for October: J. S., aged 18, residing in Forres, was admitted on 19th June, 1884, complaining of pain at the tip of the coccyx when sitting. Patient nine months ago first felt an uneasy feeling in the region of the coccyx. Two months before admission the pain got very much worse, being especially severe when she sat down, but not while walking or lying. The patient's brother had sometimes playfully caught hold of her by the shoulders, and given her what is popularly known as a "knee-rise." This is the only cause she can assign for her present illness. She has been suffering from debility for the last five years.

Physical Examination.—Great pain complained of when the tip of coccyx is pressed on.

Treatment—25th June.—Dr. Macdonald, with a tenotomy knife introduced subcutaneously, separated the coccyx from all its attachments. 10th June.—On examination it was found that pressure on the coccyx did not cause pain. 19th July.—Dismissed. 23d October.—The patient returned complaining of the old pain. She states that about a fortnight after dismissal the pain returned. 28th October.—Dr. Macdonald cut down on the coccyx from behind, and removed it at the sacro-coccygeal joint. There was very little hæmorrhage, no vessels requiring to be tied. The wound was stitched with five deep and several superficial

catgut sutures, and dressed with iodoform. The patient was kept in bed with her knees tied. *2d November*.—Deep stitches removed. Wound healed by first intention. *18th November*.—Patient has now very little pain in sitting.

Epithelioma of the Eyelid Removed by Applications of Benzol.

To the Brooklyn Pathological Society Dr. MATHEWSON reported the following history of a case: An Irish laborer, fifty years old, was first seen October 31, 1883, when he had a growth on the right lower lid, projecting two-thirds of an inch, with an ulcerated surface. It had first been noticed, as a warty excrescence, a year or two before, and it had lately begun to grow rapidly. Microscopical examination, by Dr. W. H. Bates, showed it to be clearly an epithelioma. At first the treatment consisted in dusting the granulating surface with calomel; afterward (at the suggestion of Dr. Bates, who had records of two cases of epithelioma treated successfully, in his own practice, with the agent) in applications of benzol. After about three months' use of these remedies, applied three or four times a week, the growth had completely disappeared, leaving a smooth, depressed cicatrix. On the 1st of March, 1885, the man came back, with the history of a small ulcerating spot having appeared some months before at the outer edge of the cicatrix. This was extending rapidly, but quickly began to contract under renewed applications of the same remedies, and was much reduced in size when the patient was presented at the April meeting of the New York Ophthalmological Society. On the 1st of May, when the patient left town, it was scarcely noticeable. On the 8th of July, the man appeared again, with a considerable increase in the size of the ulcerating surface, but it had again yielded promptly to the applications. The benzol was brushed over the ulceration and the adjacent surface after they had been carefully wiped, and calomel was then dusted on. The applications were made from two to four times a week.

Application of Plaster-of-Paris Jackets.

Dr. F. R. WALTERS thus writes to the *Brit. Med. Jour.*, October 3: In applying plaster-of-Paris jackets for spinal curvature in girls with well-developed hips, I have found the following method to answer well. In addition to the usual "crinoline" bandages impregnated with plaster-of-Paris, I cut out three shaped pieces for the pelvic region, of the same material, and roughly resembling the broad linen collars formerly much worn by little boys. The concavity of each of these fits into the hollow of the loins, while the convexity comes over the hips and upper part of the sacrum, and the somewhat less curved ends are crossed in front above the pubes. Two crescent-shaped pieces are also useful, being applied with concavity downwards over each hip; and two nearly straight strips, cut rather broader than the ordinary bandage, are convenient for placing at the top of the jacket. By using pieces thus shaped, a very few turns of bandage are sufficient to make a splint amply strong enough for the required purpose, and especially strong where the ordinary jacket is most prone to give way. Should the jacket be made too weak in any part, it can be strengthened by the addition of other pieces with paste or gelatine-glue, after the plaster has hardened. Where the jacket is intended to be worn for some time, and no disease of bone is pres-

ent, I usually cut up the front and make it to lace; and this can be nicely done by removing a strip of the jacket, and replacing it by leather lacing pieces. The edges may be rendered quite smooth by means of glass-paper, and then guarded with part of the jersey brought over and covered with strips of chamois leather. In this way, a very elegant and serviceable support may be made, firmer and lighter than a poroplastic felt jacket, and less likely to give way with the heat of the body.

A New Surgical Dressing.

The *Therapeutic Gaz.*, November 16th, says that for some time past Dr. ROBERT PARK has been using for the dressing of sores and ulcers a powder composed of burnt *kieselgühr* and iodoform, to which a varying proportion of eucalyptus oil or other odorating substance is added (*Practitioner*, September, 1885).

Kieselgühr, it may be mentioned, is a diatomaceous earth, and is otherwise known as white peat. When this is burnt in a furnace an extremely light powder is the result, composed entirely of inorganic ash, varying in color from pure white to a pinkish tint. It is extremely absorbent and antiseptic.

As a diluent for iodoform it has no equal, and, as it is much cheaper than the latter, it is economical in use. For insufflation it is admirably adapted, owing to its lightness and absorbent power; and it has been thus prescribed in nasopharyngeal affections, and in gynecological practice. Upon the whole, he has been very well satisfied with the results.

For cases of chancroid it is better adapted than iodoform alone, in the proportion of equal weights. In this form, indeed, it is adapted for dressing either the soft or the hard sore.

As a dusting powder in erysipelas, erythema, and eczema, its advantages over starch and other powders are owing to its great power of absorbing moisture; but its extreme lightness is against its use *alone* for this purpose.

Mixed thoroughly with absorbent cotton-wool, it adds greatly to its absorbent power, and furnishes it with detergent and antiseptic qualities. In this manner it forms an excellent elastic dressing for boggy ulcerations.

There are many other uses to which this remarkable substance will be found adapted by practitioners when they have become acquainted with it.

Osteitis Following Vaccination.

To the New York Pathological Society, September 9, Dr. W. P. WATSON presented a girl, aged 5 years, whose family history was good. She had been well until two years of age, when she was vaccinated. Three days afterwards she was obliged to go to bed. The mother noticed a swelling and redness at the point of inoculation, and also below on the forearm, which by the sixth day showed marked inflammation. A week later a swelling also appeared on the right arm, and, later, one on the scapula and one on the leg. Abscesses formed which discharged unhealthy pus for about two years, and during the last year several spiculæ of bone were discharged from the sinus on the left forearm. At present the sinuses were all closed, but the left elbow was ankylosed. The question arose as to a possible causative relation of the vaccine inoculation to the osteitis which followed.

Dr. Boldt asked whether any traumatism took place after the child was vaccinated, and mentioned a case in which multiple bone-abscesses followed vaccination. The mother first denied that the child had sustained any injury at the point of inoculation, but it was subsequently discovered that the child had received a slight injury during the mother's absence which gave rise to erysipelatous swelling.

Dr. Heineman thought a latent strumous tendency may have existed which the vaccinia caused to be made manifest.

The President said that many cases of osteitis occur like the one presented, in which there had been no vaccination, and he therefore could not see why the two conditions may not have been a simple coincidence in this case.

Dr. W. M. Carpenter remarked that, so far as his experience went, the local manifestations following the use of bovine virus were much more severe than those following the use of humanized virus.

Dr. Messenger and Dr. J. Lewis Smith thought that vaccinia may have called out a latent tendency, the same as occurred at times with scarlet fever, etc. Dr. Smith recalled the case of a child with marked strumous tendency dating back to vaccination. The vaccine inoculation had probably acted as the exciting cause.

Syphilitic Disease of the Brain.

Before the Medical Society of London (October 19th), Dr. BROADBENT read a paper on examples of Syphilitic Disease of the Brain and Nervous System. He said that they presented interesting problems in diagnosis, and reproduced in man the experiments on animals. Syphilis gave rise to diffuse and localized inflammation of any portion of the brain and spinal cord. It produced thrombosis in vessels where emboli were not liable to lodge. Besides these diffused changes, it gave rise to gummata. Brief histories and accounts were then given of several cases of syphilitic brain disease. In one case seen in 1872 there were headache, paresis, and mental defect, which improved under anti-syphilitic treatment. This case frequently came again under observation with recurrent nodes on the tibiæ and femora. In another case spinal meningitis was present in 1866; the next year, violent convulsions followed by facial palsy and mental exaltation, from which the patient partly recovered under treatment. One case in which convulsions, pyrexia, headache, and vomiting, with squint, were the prominent symptoms, recovered completely after treatment. The case of a governess, aged thirty, was given in some detail. This case ultimately proved fatal after a series of years, in which epileptiform convulsions, headache, and ocular paralysis, involving the third first, and later the sixth; the left seventh nerve also, with occipital headache and tenderness. Each time some improvement followed the employment of iodide, but epileptiform seizures recurred at intervals, with strange ideas and fancies, and finally loss of power of walking. After death it was ascertained that, though single, she had had a miscarriage or a childbirth. There was a gumma in the right crus cerebri, with softening here and in the pons. Hæmorrhage, which had penetrated the lateral ventricles, was also found to have occurred from the cerebral peduncle. Another case of thrombosis of the middle cerebral artery was also mentioned; and yet another, in which mental symptoms

closely simulating those of general paralysis were the most marked features. In another case there was clonic spasm of the sound forelimb during walking, and tonic spasm of the paralyzed limb during waking hours. Both tonic and clonic spasms disappeared during sleep. The last case referred to was that of a lady who had had "rheumatic" pains with paresis of right external rectus, anginoid pain, and proptosis from blockage of the ophthalmic vein.

Astragaloid Osteotomy in the Treatment of Flat-Foot.

Dr. WILLIAM STOKES, of Dublin, thus concludes an article in the *Annals of Surgery* for October :

From the foregoing remarks the following propositions may be considered :

1. That the theory of ligamentous relaxation being the chief factor in the production of flat-foot is erroneous, being in the majority of cases the result and not the cause of that deformity.

2. That elongation of the calcaneo-scaphoid ligament should not be mistaken, as it so often is, for relaxation of it.

3. That the altered direction of the sustentaculum tali is a change that could not be directly or indirectly connected with either ligamentous relaxation or muscular paralysis.

4. That the osseous deformation, whether resulting from original malformation, or rickets, or other pathological change in genu valgum—a condition until quite recently believed to depend solely on ligamentous relaxation—furnishes an *à priori* argument in favor of the author's theory.

5. That the treatment of pes planus, in cases, at all events, where the deformity is irreducible, should be directed mainly to restoring the arch of the foot by operative interference with the misshapen astragalus.

6. That this is feasible without destruction of the medio-tarsal joint.

7. That the evidence in favor of muscular paralysis being an ætiological movement in the production of flat-foot is insufficient and unsatisfactory.

8. That deformity of the scaphoid, the result of disease, may also be looked upon as a cause of flat foot.

9. That the appearances in the specimens noted by Mr. Symington and the author furnish strong proof of the truth of the connection between flat-foot and original osseous malformation.

10. That after astragaloid osteotomy it is desirable to keep the foot, during the healing of the wound, in a state of supination, which can be conveniently effected by the application of a Dupuytren's splint, as used in fractured fibula.

Successful Extraction of a Dental Plate from the Œsophagus.

Dr. T. SYMPSON thus writes in the *Brit. Med. Jour.*, September 19: On February 3, 1885, at 10.30 p. m., I received an urgent message to visit E. R., a needle-woman, aged 31. I found her breathing stridulously, and with extreme difficulty, her countenance indicating great distress. She could only articulate in a hoarse whisper, and was constantly retching, and hawking up quantities of frothy fluid tinged with blood.

The history I obtained of the case was, that the patient was subject to epileptic

fits, that upon recovering from one that evening, the persons with whom she lodged noticed that she respired with difficulty, that she had lost her voice, and that she made signs of there being something wrong about her throat. They then discovered that a metal plate, containing artificial teeth, was absent from its usual position in her mouth.

By external examination, I detected a hard substance in the œsophagus, below and behind the larynx, and by digital investigation through the mouth, I was enabled just to touch one extremity of the plate with my forefinger. After several failures to seize the plate with throat-forceps, I placed the patient under the influence of chloroform, and then contrived to insert my finger-nail under one of the hooks. Thus I was enabled so to direct the forceps as to obtain a firm grip with them, when, by gently moving the foreign body, first from side to side, and then from below upwards and forwards, I succeeded in eventually extracting it.

The plate was composed of "dental alloy;" it measured one inch and a half by three-quarters of an inch, had five teeth fixed in it, and projecting from its extremities were five sharp hooks.

For a few days the throat remained so very sore that the patient was unable to swallow. She was consequently nourished by enemata of pancreatized milk; but within a week she took food by the mouth, and soon regained her usual state of health.

On my relating the case to the dentist from whom the plate was procured, he expressed it as his opinion that the accident arose from the dental fasteners having lost their hold, through decay of those teeth which they were intended to grasp.

REMARKS.—The difficulties met with in extraction arose from the violent struggles of the patient, spasm of the throat and larynx, and the impossibility of grasping the artificial palate, due to the ends of the forceps gliding over its convex surface. The anæsthetic rendered invaluable service by relieving spasm, and thus enabling the necessary manipulations to be conducted with comparative ease and comfort.

Multiple Fractures in a Syphilitic Woman.

Dr. M. L. Piqué describes this case in the *Gaz. Med.*: The patient, a woman, æt. 57 years, was admitted into the Hôtel Dieu for a fracture of the neck of one femur ($1\frac{1}{2}$ " shortening, eversion, swelling, etc.), caused by a fall due to her tripping up.

The tibia of the same side had been broken two years before (also through a fall), and had well united. In the outer third of one clavicle there was said to be a false joint—due, she said, to her leaning her weight on the arms. There had been little pain about it, and no treatment had been adopted, except for "rheumatism." There was no history of syphilis, but she had an ulcer on the forehead which exposed bone, and was said to have followed a small lump there two years before.

M. Piqué attributes the fracture to "a syphilitic diathesis" or to "syphilitic osteo-myelitis gummata." This case hardly seems a strong one—for setting aside as somewhat doubtful the lesion of the clavicle, there is nothing unusual in

a fracture of one femoral neck at 57 years of age, preceded by a fracture of one tibia at 55 years of age.

The author refers to a recent article on syphilitic lesions of bone and their influence on fragility, by M. Gangolphe, but the latter adduces little that is new, so far as we have seen. He believes that there is always a local [gumma, etc. (and not mere rarefaction)], at the seat of fracture. For a fracture of the clavicle (just beyond the sterno-mastoid) by muscular action—cracking a whip—see *Gazette Médicale*, 1847, p. 618. The patient was a healthy-looking man, æt. 47, who had had syphilis. A more interesting case occurred a few years ago at one of the London hospitals. A man broke one clavicle in raising his child from the ground, and at the seat of fracture was found to be a considerable swelling, which was diagnosed to be a malignant tumor. The bone was excised and the supposed tumor proved to be gummatous. The patient, fortunately, recovered quickly, and had a very useful arm. M. Venot, in the *Gazette Médicale* of 1847, mentions the case of a woman who, whilst under treatment for severe tertiary syphilis, broke one clavicle as she moved her arm quickly behind her back. M. Venot gives two other cases of fractures in syphilitic patients, but as to the relation between the two, the reader must form his own opinion. A man, æt. 24 years, suffering severely from acquired syphilis, broke one patella in the act of simply getting into bed. Iodide of potassium and the usual means of adjustment obtained close union. The other case was that of a woman, æt. 27 years, who, being in the hospital for syphilis, had one femur broken by the attendant resting her hand on it—"it snapped like glass." No repair followed, and she died in coma three weeks later. At the post-mortem it was found that the ribs and bones of the forearm would break on the slightest force being used.

Gastrotomy for Removal of An Artificial Denture.

Dr. W. D. MILLER thus writes in the *Independent Practitioner* for October :

"I am indebted to Dr. N. S. Jenkins, of Dresden, for the report of a case where the plate was successfully removed by gastrotomy, this being the second case where this operation has been performed for the removal of swallowed teeth.

"Patient—a barber, twenty-three years old, unmarried, healthy, with no constitutional taint—swallowed a partial upper set (on vulcanite) of six teeth about two weeks ago, a small suction plate with clasp, seemingly some four to five ctm. in diameter. Four days elapsed before he consulted a surgeon. When at last the fact was established that the plate was lodged in the stomach, an operation was decided upon. Before being chloroformed the digestive apparatus was brought into the best possible condition, and a morphine injection given to minimize the tendency to vomit. Incision was made of about ten to fifteen cm., transversely over the pyloric extremity of the stomach. Great care was taken to ligate severed arteries immediately, so that little blood should be lost, and the Lister apparatus and the solution of corrosive sublimate were in constant use. When the stomach was exposed, examination at once showed that the plate was lodged at the pyloric extremity, as had been expected. This portion of the stomach was then drawn out, and ligatures passed through the muscular coat and securely held to prevent the stomach from being drawn back into the abdominal cavity by retching, or any other convulsive movement which might

supervene, and then an opening made only just large enough to admit of the extraction of the plate. Great care was also taken not to admit any foreign substance into the stomach. The sewing of the inner coat of the stomach was most beautifully done, the knots of the ligatures being turned inward, that they might find later the easiest exit. Indeed, I could not sufficiently admire the skill with which Dr. Crédé tied every ligature, with a perfect appreciation of just how much force was necessary to make a perfect result with every tissue. This is the nicest test of a surgeon's hand. If tied too tight, they tear; if not tight enough, they fail to keep the parts approximate to each other. Exactly an hour was required from the first cut to the final bandaging. At this time of writing (the second day after the operation) the patient is doing as well as could be expected, and there seems to be no reason why a perfect cure should not be looked forward to, and another success be scored by this brilliant young surgeon."

The patient was dismissed perfectly well two weeks later.

***Dislocation of the Atlas with Fracture of the Odontoid Process;
Reduction; Survival for Twenty-three Days.***

Dr. W. WALTER GIBSON reports this case in the *Lancet*, September 5th: J. M—, aged fifty-eight years, missed his footing, and rolled down a bank, a distance of about one hundred yards, into a meadow beneath. He was assisted home, and I saw him about 10 a. m. the morning after the accident. He was then seated in a chair, his head very much set forwards, with his chin resting on his sternum, the neck and head being rigidly fixed in this position. He expressed himself in pain, of a burning character, about the head and neck, and declared himself unable to move his head in the least. On examination I found a great prominence at the back of the neck below the occiput, which, on first looking at, I took to be swelling of the soft parts, but on feeling was easily determined to be the spines of the cervical vertebræ. The highest that could be felt was separated about two inches from the occiput. It was then manifest that a dislocation had taken place; and by counting the spines from the vertebra prominens upward, I judged the displacement to be between the axis and atlas. The patient was perfectly conscious, and had then no paralysis, but was in great pain, and could not, he said, swallow anything. I had him carefully placed across the bed, his head and shoulders pointing outwards, and placing a hand lengthwise along each side of his head, I made slight steady traction in the direction of the spinal axis, when, somewhat to my surprise and the patient's great delight, the dislocation was reduced with a slight snap, accompanied by very distinct crepitus, which made it evident that there was a fracture as well. On examining immediately, the apparent prominence of the cervical spines had entirely disappeared, and the head and neck were in natural line with the body. The patient was entirely relieved of pain, and expressed himself as quite well and fit to go about. I then had him carefully placed in a comfortable position in bed, and fixed the head and neck in proper situation by means of pillows and sand-bags, and enjoined him on no account to move or be moved unless under my supervision, and directed that he should have only liquid nourishment, administered through a funnel, so that he should not have to move his head in partaking of it. I saw him every day for a week, during which time he went on well, partook freely of

liquids, and slept well. He complained of occasional transient pains about the neck and face. There was no rise of temperature nor other sign of inflammatory action about the meninges. After the first week I visited him every alternate day, and his progress was without interruption till the evening of the twenty-third day. On that day I had seen him in the afternoon, and found him going on as before. In the evening he begged his wife to give him some solid food, and she gave him some bread and butter, which he ate without difficulty; but soon after eating it he was seized with severe griping pain in the stomach and bowels, whereupon he started up in bed, despite the efforts of his friends to restrain him, and almost immediately dropped down and expired. I saw him again before he was disturbed from the position in which he had fallen, and there was the same position of the head as when I first visited him, and the same prominence of the cervical spines, only now, there being no rigidity of the muscles, the head was very movable.

Estlander's Operation.

The Paris correspondent of the *Lancet* thus writes to that journal, October 10: In going through Mons. Tillaux's ward at the Hôtel Dieu about a fortnight ago, I was attracted towards something at the head of a patient's bed that looked, in the distance, like a musical instrument of small graduated tubes of reeds which is blown by the mouth, and commonly used by shepherds in eastern countries. This was nothing more nor less than portions of ribs (eight in number) of the patient over whose bed's head they were placed. These fragments were fastened together with wire by himself, and arranged in the form described above. On inquiry, I learned that the patient, a young man twenty years of age, had these ribs removed from him by M. Tillaux on March 20th last, Estlander's method being adopted. The history of the case, as well as of the patient himself, is very interesting. He is a draughtsman by profession, has an intelligent countenance, and is said to be very adroit with his hands, but he has always, even to the present time, been unfortunate in his career. At five years of age he had an attack of croup, and had to submit to tracheotomy. His mother died from pulmonary tuberculosis; his father, overwhelmed with grief, committed suicide. He lives with two sisters, who are in good health. In the month of May, 1883, he had an attack of simple pleurisy, of which he was relieved by thoracentesis, when two litres of a serous liquid were drawn off. Shortly after he was seized with alarming symptoms, when a puncture was made, and two litres of pus escaped. Soon after this a third puncture was effected which brought away a little pus. This was followed by a fourth, but without any result. Some months afterwards an abscess, which formed in the thoracic parietes, was opened by M. B. Anger, under whose care he was at the time, and the discharge kept up by a drainage tube. In November, 1883, the patient, whose health seemed to be on the decline, entered M. Siredey's medical ward at the Lariboisière Hospital, and this physician, finding the side very much swollen, requested M. Felizet to practice the operation for empyema, when two litres of pus were evacuated, and the patient's health somewhat improved after this. The empyema, however, was not cured, and there remained a fistulous opening, through which a solution of chloride of zinc was injected. This treatment was continued for four months, but M. Tillaux,

not finding matters mending to his satisfaction, decided on performing Estlander's operation, which he put in execution as before mentioned. Eight ribs (from the tenth to the third) were removed from the left side, and three large drainage-tubes were placed in the wound, which was united by metallic sutures, and all performed on the strict principles of Listerism. Considering what the patient had gone through, he is doing remarkably well. With the exception of a small opening in which is placed a drainage-tube about two inches long, the surgical wound is healed, and the patient seems to suffer no inconvenience from the operation. His breathing is quite free, his health fairly good; but I cannot help thinking it would be better if he were away from the foul air of the hospital ward. On my return to the Hôtel Dieu last week I found another patient who had been operated on according to Estlander's method by Dr. Bouilly, who was acting for M. Tillaux during his temporary absence. In this case also the patient was a young man of twenty-two. He contracted pleurisy about two years ago at Algiers, where he was a soldier. He had been tapped several times, but as there was no tendency towards recovery, and urgent symptoms having set in, Estlander's operation was performed last Friday week, when seven ribs in the anterior aspect of the chest on the left side were removed. The patient is doing well. There is no history of tubercular disease in his family.

Carbolic Acid for Hemorrhoids.

Dr. CHARLES B. KELSEY thus summarizes an article in the *N. Y. Med. Jour.*, November 14:

1. Use only the purest crystallized carbolic acid, the purest glycerin, and distilled water, in the preparation of the solutions. Each, when prepared, should be perfectly colorless and clear, the acid being in perfect solution. The glycerin is added to the solution of carbolic acid in water in just sufficient quantity to make a clear fluid, and the amount is not important. As soon as a solution begins to assume a yellowish tint it should be replaced by a fresh one.

2. Use only the finest and most perfect hypodermic needles and a perfectly-working, clean syringe with side-handles. After each injection, when the syringe is put away, clean it thoroughly, to be ready for the next time.

3. The treatment may be applied to every variety of internal hemorrhoids, no matter what their size. It is not applicable to external hemorrhoids, either of the cutaneous or the vascular variety, both of which may be treated by better means.

4. Before making an application give an enema of hot water, and let the patient strain the tumors as much into view as possible. Then select the largest and deposit five drops of the solution as near the centre of the tumor as possible, taking care not to go too deep, so as to perforate the wall of the rectum, and inject the surrounding cellular tissue. The needle should be entered at the most prominent point of the tumor. If the hemorrhoid does not protrude from the anus, a tenaculum may be used to draw it into view. After the injection has been made the parts should be replaced, and the patient kept under observation for a few minutes to see that there is no unusual pain. The injection will cause some immediate smarting if it is made near the verge of the anus; if made above the external sphincter, the patient may not feel the puncture or the injection for sev-

eral minutes, when a sense of pressure and smarting will be appreciated. In some cases no pain will be felt for half an hour, but then there will be considerable soreness, subsiding after a few hours. If it increases, instead of disappearing, and on the following day there is considerable suffering, which may not perhaps be sufficient to keep the patient on his back, but is still enough to make him decidedly uncomfortable, it is a pretty good indication that a slough is about to form. For the reason that it is impossible to tell absolutely what the effect of an injection is to be until at least twenty-four hours have passed, it is better to make but one at a visit, and to wait till the full effect of each one is seen before making another. If on the second day there is no pain or soreness, another tumor may be attacked, and this will often be the case.

5. The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystallized acid. In a large, vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough, which will result in a radical cure. A thirty-three per cent. solution under the same conditions will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucous membrane, may be cured by a single injection of a five per cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some cases will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.

Tertiary Syphilis—A Case in Point.

Dr. J. W. LONG thus writes in the *Nashville Jour. Med. & Surg.*, November:

A gentleman, æt. 30 years, whose name I withhold for personal reasons, came to me a year ago, with the following history, to wit: About nine or ten years ago, after having had an attack of gonorrhœa, he became suspicious that he had syphilis. He applied to several of the best physicians in this State, but not one of them could discover sufficient evidence to advise syphilitic treatment, but all said "wait." None of them discovered the *primary* lesion (nor does the patient have any knowledge of its existence); but one (only) of the said physicians thought he saw a *secondary* eruption on the patient's arm. But the patient said he had always been subject to that kind of an eruption when he scratched his arms; so it is questionable whether or not this particular eruption was syphilitic—I lean to the negative.

At the time mentioned the patient was on the point of marrying, and neither of his physicians advised against it. Before marrying, however, he (of his own accord) went to a drug store and bought a lot of "little French pills," and took them. He subsequently married, and his wife has borne several healthy children. I have been the family physician for over two years, and have never been able to discover the least syphilitic taint in either wife or children.

Three years ago he had what his attending physician diagnosed *rheumatism*—the morbid process being confined to the *leg, between the knee and ankle*. The patient claims that nothing the doctor gave him did any good, but in the course of two or three months he got well. Nor was he troubled any more till a short while before he consulted me—a year ago. He came to me with his leg in the same condition, according to his statement, that it was three years ago, when treated for rheumatism. At this time his general health was good, except a foul tongue, which indicated considerable gastric derangement.

The Local Lesion.—The tissues covering the external and internal surfaces of the right tibia were much inflamed, redness, heat, swelling, pain, and perverted functions, all being present.

The *redness* extended over the middle two-thirds of aforesaid surfaces, and was of a dark livid shade at one or two points—where the skin looked as if would soon give way. Along the borders of the inflamed area the redness gradually shaded off to the color of the healthy skin.

The *swelling* was not extreme, but was greatest along the crest.

The *pain* was the most characteristic symptom present—being entirely absent when the patient was standing or sitting, but as soon as he would lie down it became very excruciating—this was most marked at night, almost entirely preventing sleep.

Perverted function was evidenced by the increased sensibility.

Passing the finger gently along the crest, a diffused inflammatory deposit was readily perceived, not in the form of distinct, circumscribed nodes, but wider, longer, and not so elevated, indicating that the periosteum was extensively involved.

Diagnosis.—This I knew to be the important point, for if I followed the practice of my elder professional brother, and treated the case as *rheumatism*, I plainly saw my patient would not be relieved. So I excluded rheumatism on the grounds that rheumatism is a *joint* disease, and this was *between* the joints.

It was not *phlegmonous erysipelas*, because in that the swelling is extensive, the edge of discoloration is well defined, the pain is constant, blebs form, and the constitution sympathizes early; in this the swelling was not extensive, the redness shaded off imperceptibly, the pain occurred only on lying down, there were no blebs, nor febrile action.

The history excluded *trauma*.

As a last resort, I coupled the *doubtful history of syphilis* with the *nocturnal pains*, and diagnosed *syphilitic periostitis*.

Treatment.—There could be but one indication—*potassii iodidum*. This drug I began in gr. v. doses after each meal, and increased to gr. xx. It acted like a charm. The leg healed rapidly and entirely, the tongue cleansed, the patient slept as well as ever; and this all occurred in such a surprisingly short time that it makes the case remarkable.

Points of interest in the case:

1. The absence of recognizable *primary* and *secondary* lesions:
2. The appearance of a *tertiary* lesion after a lapse of seven and nine years.
3. The complete immunity of wife and children.
4. The readiness with which the trouble yielded to *potassii iodidum*.

Cocaine in Minor Operations.

Dr. HENRY A. DU BOIS thus writes in the *N. Y. Med. Jour.*, November 21: The following cases, in which the agent was used, may possess some slight interest:

A boy, aged twelve, had a flap of skin eight inches in length torn diagonally across the leg, just below the knee, by a kick from a horse. The wound was free from dirt, as the pantaloons were not torn. It was well washed with a 1-to-2,000 corrosive-sublimate solution, and a two per cent. cocaine solution in glycerin painted on the edges through which stitches were required. The cocaine solution was exhausted before the entire border of the wound had been coated. Twelve stitches were then taken, ten without any pain while conversing with the patient, but the last two caused great pain. The line of union was covered with subnitrate of bismuth, and a pad of absorbent cotton applied and retained by a bandage. Stitches removed on the fourth day. The wound united, except along the skin-border, which showed no union. Adhesive straps retained the flaps in position, and I saw the patient no more, but was told that the wound was fully united in less than a week.

A man, aged sixty-five, who had been partly paralyzed, asked for removal of a small growth from the skin of the forearm. I had removed a similar growth several years before. The new growth was non-malignant, but started from the old one. I injected a four per cent. solution of cocaine under the skin by four punctures with a hypodermic syringe, and removed a piece of skin, one and a half by one inch, going down well upon the muscles. This was done during conversation, and without any sign of pain on the part of the patient. The wound was drawn together by sutures, as in the previous case, of silkworm-gut carbolized, and a bismuth and absorbent dressing applied, but the forearm was not put in a splint. The movements of the hand apparently tore out some of the stitches, and more or less suppuration ensued, the wound gradually closing by granulation, but the time was upward of a month; at no time was there any pain.

I believe in both these cases the cocaine prevented union by first intention. In the first case I should have expected union of the greater portion of the skin-border in four days; in the latter, more or less adhesion between skin and subjacent tissue, although, doubtless, movements of the wrist interfered somewhat with perfect apposition, had I not used the cocaine, but simply contented myself with washing the wound with corrosive-sublimate solution and with dry bismuth dressing. In the latter case, too, the healing power was also probably deficient. In a small fistula of the anus the cocaine enabled me to lay it open and apply nitric acid without pain, and I noticed no postponement of healthy granulation.

In a case of chronic eczema of the face of fourteen years' standing, in which it became necessary to remove the beard on one side of the face, an injection of a four-per-cent. solution over the trifacial nerve, as it comes out in front of the ear, enabled me to remove every hair at two sittings and without pain. Applied to the inflamed base, or to the pustules after matter had been let out, I could detect no relief experienced from the interminable itching, which almost drove the patient wild; while a constant current of galvanism, passed from the front of the ear to the cheek and chin for ten minutes, would relieve the itching almost entirely for some eight hours.

In a case of severe neuralgia of the trifacial nerve, involving the branches to the upper and lower jaw, I injected one-fifth of a grain of cocaine twice in front of the ear, quite deep into the tissues. After each operation the woman became excited for five minutes or so, but there seemed no relief from pain, which was only afforded by opium and chloroform. In a severe case of rheumatic sciatica a hypodermic injection of one-fifth of a grain afforded no relief, while the same quantity of morphine relieved pain, and a daily application of the constant current effected a permanent cure.

An application to the gum of a few drops of the two-per-cent. solution enabled a tooth to be extracted with hardly perceptible pain, while its introduction into a cavity where the nerve was supposed to be exposed seemed to afford no relief to pain. Cocaine seems to me to act through the mucous membrane and through the cellular tissue, but so far I have seen no action from a direct application to a nerve or to the skin. Even when the latter is excoriated, and when cocaine is injected into the cellular tissue or applied to the edges of a wound, it certainly seems to interfere with prompt union. I have so far made no experiments with this agent on blistered surfaces or burns. The cocaine used was procured from Dr. Squibb.

Nervous Diseases.

Dr. B. F. NICHOLLS thus writes in the *Med. Brief*: In June, 1885, my attention was called to a remedy manufactured by the Rio Chemical Co.—Celerina.

The first case in which I used it was a lady suffering from nervous exhaustion; she complained of constant fatigue and loss of energy. A few hours spent in any kind of exertion sent her to bed for a day, her appetite was very poor, sleep disturbed and unrefreshing. On awakening in the morning she felt exceedingly tired and unable to rise without great effort—everything attempted was a task, almost impossible to accomplish. After eating, a feeling of discomfort, attended with drowsiness, came on, making life almost intolerable. After trying all the tonics and aids to digestion, I found no improvement. Celerina was prescribed, two teaspoonfuls after each meal in a wine-glass of sweetened water. After taking it for three days, she was very much improved—the tired feeling disappeared, she took pleasure in her duties, and became interested in everything; her appetite improved, no more drowsy feelings after eating; sleep sweet and refreshing. She took the medicine for two months, and entirely recovered.

I have prescribed it in several similar cases, with uniform success, and have found no remedy which gives such rapid and permanent relief; in fact, I have not seen a single case of nervous exhaustion which did not readily yield to Celerina if properly administered.

Another class in which I have given Celerina, with marked success are those frequent and troublesome cases of spermatorrhea occurring in young men who have been addicted to masturbation, until all nerve-power seems lost. Having had a considerable number of such, I have found it difficult to break up the nightly emissions, as the following case will illustrate: J. G., aged seventeen years, a book-keeper, had practiced masturbation since he was thirteen years, but gave it up after a hard struggle, February, 1885—after giving up the habit he was surprised to find that emissions took place once or twice every night. He applied

to me June 15th. I put him on ammonium bromide, thirty grains at bedtime; for several nights he had no emissions, but at the end of a week the emissions returned as bad as ever; I then put him on strychnia one twenty-fourth of a grain, three times a day, continued bromide at night; this treatment was continued for three weeks, with very little improvement. Phosphate of iron was then added to the strychnia; at the end of a week there was no improvement. In despair, I prescribed Celerina, two teaspoonfuls after each meal, and two at bedtime. After taking this for one week, had only had two emissions, he improved rapidly, and by the middle of September the emissions had ceased entirely; treatment was then discontinued. The patient has had no return of his troubles since. This case is one of several which were treated with Celerina, with same result.

I have treated some cases of professional men. One, Dr. B., a physician with a large practice, suffered from an attack of nervous dyspepsia. Eating brought on severe headache, nausea, and acute pain in the epigastrium; he complained of being always tired. When he came to me he said he had tried all the remedies for dyspepsia without any benefit. I put him on Celerina, two teaspoonfuls every four hours; improvement began and progressed very nicely; he is now entirely recovered. Another case, a medical student, complained of constant fatigue, his brain felt tired, and he could not think; he said the lectures seemed to pass through his head as if it were a sieve, his sleep was disturbed and filled with horrible dreams, when he awoke his mind was confused; appetite poor; digestion bad; felt irritable and cross, and everything seemed draped in a dismal pall. When he came to me he had been taking for some time quinine, iron and strychnia, with no improvement. I prescribed Celerina, two teaspoonfuls three times a day; he is improving very fast, and I think will soon be entirely restored.

From my experience with Celerina, I believe it to be a remedy that will meet the indications of all those cases where nervous prostration plays so important a part. I have used it in nervous headache, nervous dyspepsia, spermatorrhœa, heart trouble dependent on disordered nerve action, and many other troubles dependent on an exhaustion of nerve force; and it has given a satisfaction I have found in no other remedy.

Rupture of the Bladder.

The *Revue de Chirurgie* for November contains an original memoir of some interest by Dr. A. Pousson, of Paris, on the pathogeny of two little known varieties of rupture of the bladder, and on the means of preventing such forms of this lesion. An endeavor is made here to prove that, in addition to cases of traumatic rupture and cases of spontaneous rupture—the walls of the bladder in this latter class being invariably diseased—there are, firstly, instances in which the healthy viscus distended by urine bursts under the influence of contractions of the abdominal wall during some violent voluntary or involuntary movement; and, secondly, cases in which the bladder, having undergone a morbid change, increasing rather than diminishing the resistance of its walls, may rupture through its own contraction. A bladder with hypertrophied wall may, it is argued, be ruptured by the action of its intrinsic muscles in retention through urethral stricture, and also through vigorous and irregular spasmodic contraction of these muscles, excited by the contact of fluid injected, even in small quantity, into the

vesical cavity. Four recent cases are reported by the author, in which the hypertrophied and irritable bladder was ruptured during the injection of fluid, as a preliminary, in three of the instances, to lithotomy, and, in the fourth, to simple cystotomy. Dr. Pousson proposes the following classification of ruptures of the bladder, which will, he thinks, include every possible form, and remove all uncertainty in the etiological interpretation of any given case. He would divide these injuries into ruptures of the healthy bladder, and those of the diseased bladder (pathological ruptures). Under the former are included traumatic ruptures by direct and by indirect causes, and ruptures by effort. The latter or pathological class include ruptures by perforation, and ruptures by muscular contraction of the vesical walls.

The following practical teaching is derived by Dr. Pousson from these considerations. In the majority of cases of rupture of the bladder by the contraction of the abdominal muscles, the injury is produced during the administration of an anæsthetic. It is advisable, therefore, before giving chloroform or ether, to empty the bladder. In most instances hitherto recorded of this kind of vesical rupture, the patient was suffering from very tight stricture of the urethra. In such cases, it will be advisable to remove the urine by puncture. It is held that in future a prudent surgeon, before giving an anæsthetic to any patient on whom it is proposed to perform, for example, external urethrotomy for organic stricture or rupture of the urethra, ought always (if the bladder be much distended) to perform hypogastric puncture, in order to avoid any risk of rupture of this viscus by contraction of the abdominal muscles. The demonstration of the possibility of rupture of the bladder by the action of its intrinsic muscles, indicates the dangers of practising forcible injections for the purpose of re-establishing the capacity and tolerance of small and irritable bladders. It is especially in cases requiring lithotrity and suprapubic lithotomy that vesical hypertrophy and irritability are most liable to be met with. The administration of chloroform in large doses is the sole means, Dr. Pousson states, of abolishing the contractions of a bladder, whether healthy or diseased, excited by the injection of fluid. It is held necessary, therefore, that in every case of painful and irritable bladder in which it is found necessary to practise injection, the influence of the anæsthetic should be carried as far as possible in order to prevent any vesical reaction from being caused by distension.

An Anatomical Point of Much Importance to the Lithotritist.

Dr. GEO. CHISMORE thus writes in the *Pacific M. and S. Jour.*: During the operation of crushing a stone in the bladder, it is often necessary to sweep the floor of the organ in search of the calculus or its fragments. In prosecuting this manœuvre it is very important to bear in mind an anatomical fact which, so far as I am aware, has hitherto escaped the notice of writers on lithotrity. The recto-vesical fold, passing transversely across the posterior wall of the bladder, fixes, so to speak, a narrow band along the course of the upper margin of the fold. Below and above this line the wall of the viscus is freely movable, and may be carried backwards by slight pressure to a considerable extent. In working with the beak of the lithotrite reversed, if one blade be above and the other below this fold, and the handle of the instrument raised enough to carry the

points well backward, on closing the jaws the fold crowds into the bill, carrying the whole thickness of the bladder walls before it. Although this would be very perceptible to the feel if no fragment of the stone were caught, it is quite another matter when a rather large piece is included with it; then a careful man might inflict a severe pinch, and a hasty one do fatal mischief.

An examination of the cadaver will verify the foregoing views. Tie the rectum at the sigmoid flexure, remove the intestines, and observe the bladder empty. The band referred to will at once be seen. Pass the finger into the pouch between the bladder and rectum; note how freely movable the wall of the organ is below the peritoneal fold, and remark the slight mobility of the upper margin of the band. Inflate the bladder, insert the lithotrite, reverse the beak, open the jaws so as to include the fold, raise the handle, and see how readily the entire thickness of the bladder wall may be seized on closing the instrument.

As this fold is readily recognized in the living subject, it is only necessary to keep both blades of the lithotrite below or above it when sweeping the floor, to be in as little danger here as elsewhere, the general tendency of the bladder walls being to slip out of the bite of the instrument except in the locality described.

Local Anæsthesia by Subcutaneous Injections of Cocaine.

Dr. A. LANDERER, of Leipzig, has recently made trial of subcutaneous injections of cocaine for producing local anæsthesia, and reports that the agent thus administered acts far better than anæsthetic ether, morphine, or any other means hitherto used with this object. The mode of administration is very simple. By means of an ordinary morphine syringe about fifteen minims of a 4 per cent. solution are injected under the skin. Anæsthesia is usually established at the end of five minutes. If the patient after this interval still feels when the surface is scratched with a knife, the author waits one or two minutes longer. The anæsthetic region is of about the size of a crown-piece. A dissection, it is stated, may in this region be carried down below the fascia, and into the superficial layer of muscle, without causing any pain. The influence of the cocaine is maintained for about half an hour. If it be necessary to prolong the anæsthesia, a few drops of the solution may be applied to the wound, and allowed to remain until it is absorbed. The subsequent healing of the wound is not in any way affected by the injection. No unpleasant general after-effects have ever been observed by Dr. Landerer, nor any local mischief, such as suppuration. Injection of cocaine has been applied in cases of simple incision, of needle-extraction, and of removal of small tumors. It has been applied also in a case of hydrocele. Fifteen minims of a 4 per cent. solution were first injected into the sac, and five minutes later, through the same canula, about a drachm and a half of a solution of iodine. The latter injection did not cause any pain. About six hours after the operation the patient complained of slight and very transient uneasiness. Cocaine injection as a means of producing local anæsthesia is far preferable, Dr. Landerer asserts, to the ether-spray. The cocaine solution, when introduced through a fine and sharp needle, does not cause so much pain as the ether does whilst freezing the skin. The anæsthetic influence of the ether-spray does not extend below the skin. After injection of cocaine, on the other hand, the parts immediately below the skin are quite free from pain and sensation.

An Extensive Scald.

Dr. J. B. TCHUDNOVSKY, of Viatka, furnishes details of an interesting case (*Proceedings of the Viatka Medical Society*, Nos. 10, 11, and 12, 1885, p. 12) of a badly nourished but otherwise healthy soldier, aged 21, of moderate habits, who, while in *cania* (Russian bath) was severely scalded by steam, nearly one-third of the whole surface of his body (including the face, chest, abdomen, penis, etc.), being covered with large blisters. On the fourth day after the accident there appeared rigors, high fever (41° C.), small rapid pulse, still delirium, and involuntary micturition. Suppuration was very profuse. For two weeks the patient's state remained much the same; but, contrary to the author's expectation, from the fifteenth day a gradual and steady improvement commenced, and under "open" treatment of the injuries, and under the use of frequent baths, in another two and a half weeks the patient felt so far strong as to be allowed to get up. On the same evening, however, he began to complain of severe frontal and temporal headache, and on the next day there appeared deep cyanosis of the limbs, a wild, wandering expression of the face, spasmodic muscular twitchings, general tremor, and tottering gait; in the course of the subsequent days there were added progressive failure of memory, apathy, incoherent talking, delirium of persecution, the patient being seized with extreme terror on slightest rustling or noise, etc. He suffered also from frequent cardiac palpitation, with distinct intermittency of the beats. Meanwhile, the scalds healed everywhere without leaving any deforming scars. During the next months all the nervous symptoms markedly grew worse, and finally the patient was taken from the hospital by his relatives. Dr. Krassovski points to the rarity of recovery after such extensive scalds, and of the development of severe consecutive nervous symptoms.

The Use of Iodol in Surgical Operations.

In the *Berliner Klin. Woch.*, Dr. GÆTANO MAZZONI calls attention to a new chemical preparation, called iodol. The substance is a powder of a yellow or grayish-brown color, nearly odorless and perfectly tasteless, and has an action very similar to that of iodoform.

The observations made upon its effects already exceed 200, and the results have been extremely favorable.

The remedy may be used in powder, suspended in glycerin as an ointment, or in dilute solution of alcohol and glycerin, the substance being entirely insoluble in water.

In venereal diseases its effects have been excellent, as also in periadenitis.

In abscesses, in which necrobiosis is extensive, the beneficial effect of iodol is manifested in the disappearance of all odor and the rapid disappearance of swelling and accompanying healthy granulations.

In indolent ulcers a similar beneficial influence was noted.

On the other hand, the remedy is found useless and indeed harmful in gangrene.

Further, it is found to possess the power in a high degree of promoting healthy granulations, as is shown by its use in various forms of lupus and in chronic fungoid inflammation of the joints. The chemical formula of the preparation is not announced in the article calling attention to its merits.

Rhinoliths.

In a paper read in the Laryngological Section of the International Medical Congress at Copenhagen (*Revue Mensuelle de Laryngologie, d'Otologie, et de Rhinologie*, Nov. 1, 1885), Dr. SCHMIEGELOW, of that town, relates particulars of an interesting case of rhinolith under his care. The patient, a man aged 58, had suffered for eighteen years from foetid purulent discharge from the left nostril, with complete obstruction on that side. About one inch deep in the left side of the nose the author found a hard dark substance occupying the whole of the inferior and a part of the middle meatus—in fact, embracing the inferior turbinated body like a fork. The rhinolith was removed in two sittings, being crushed with a strong pair of forceps. Afterwards the bone was felt denuded in several places, but these spots subsequently became covered, and complete recovery ensued. There was no nucleus to the stone. It had the usual composition. An interesting symptom from which the patient suffered was as follows: For five or six years, he said that on getting hot he had perspired profusely on the left side of his head. This phenomenon had completely disappeared for four years before he was seen. The author attributes it to a reflex neurosis originating in the nose, but which ceased as soon as, from constant growth of the rhinolith, the pressure was sufficiently great to destroy the mucous membrane and nervous filaments.

Congenital Bony Occlusion of the Choanæ.

Prof. Schrötter, of Vienna, relates a very interesting case of the above rare affection. The patient was a girl, aged 19, presenting the usual symptoms of nasal stenosis. Posterior rhinoscopy showed the choanæ occupied by greyish-yellow shining diaphragms, which on each side presented at the upper part a minute depression of the size of a pin's head. A probe introduced through the nose could be discerned in the mirror at several points. It was possible to transmit light through the membrane both from the front and from behind. Openings were made through both membranes by applying the galvanic cautery to the front; but, as the margins of the openings were found to present exposed bone, it was concluded that the obstructions were of bony character, and their further removal was accomplished by means of a fine guarded chisel introduced from the front. As a result, the middle turbinated body and the upper and middle meatus became visible from the back on both sides, also the superior turbinated body on the right side, although some portions of the obstructing diaphragms still remained. Nasal respiration became quite free; but the sense of smell, which had been completely absent, was only restored to a slight degree.

Anæsthesia by Chloroform and Oxygen.

At a meeting of the St. Petersburg Medical Society, Dr. BERTELS (*Vratch*, No. 48, 1884, p. 816) made a communication on artificial anæsthesia after Neudörfer's method somewhat modified by himself. Anæsthesia by means of a mixture of chloroform with oxygen requires far less quantities of chloroform comparatively with the usual methods of its administration, and is, correspondingly, associated with lesser danger. Moreover, perfect anæsthesia ensues far more easily, and may be obtained even in those patients in whom chloroform alone has failed. When the quantity of chloroform in the mixture does not exceed 10 per cent., no

sickness is observed. The pulse remains unchanged; the tongue never falls back. To ensure complete narcosis, it is essential to firmly adjust the mask to the patient's face. Professors A. J. Krassowski and V. V. Sutugin, have also obtained good results from the use of a mixture of chloroform with oxygen.

Peculiar Deformity of the Finger.

At a meeting of the Academy of Medicine of Paris (*Gazette des Hôpitaux*, November 5, 1885), M. JULES GUÉRIN presented a woman and her three children, each of whom had an angular and lateral deformity of the first phalanx of the index fingers of both hands. The reporter said that the origin of this deformity was to him inexplicable; there was no muscular lesion, no rachitis, and no history of traumatism, and the only possible cause was to be referred to maternal impressions. The mother stated that she had had her deformity on her mind during the entire period of each pregnancy, fearing that her offspring should be similarly affected, and in each instance her fears were realized. M. Guérin proposed to divide the lateral ligaments in order to effect a reposition of the deflected phalanx.

Nerve-Stretching.

CHAUVEL, in a recent *résumé* of our existing knowledge of effects of nerve-stretching (*L'Abeille Médicale*, Nov. 30, 1885), and the indications for procedure, maintains that, although the physiological aspects of this treatment are but imperfectly understood, the operation itself is one which should take rank in surgery beside the section and resection of nerves. It is indicated:

1. In rebellious peripheral neuralgias; and is here preferable to all ordinary treatments.
2. In contractures and in peripheral paralyses, especially of traumatic origin.
3. In the anæsthesia of leprosy.

Its efficacy is more than doubtful in tetanus, in locomotor ataxia, and in affections of the medulla. Its use should apparently be abandoned in all cases of atrophy of the optic nerve, of whatever nature or degree.

The Treatment of Non-spasmodic Wry-Neck.

Mr. Bernard Roth (*Brit. Med. Jour.*) advocates the following method of management: He divides the treatment into three stages. The first is a preliminary education of the patient in performing the usual movements of the neck—viz., flexion, lateral extension, right and left; rotation on its axis, right and left. These exercises are done actively, also against the surgeon's resistance, and by the surgeon against the patient's resistance. The exercises are done while the patient is lying on his back, sitting, or standing. This preliminary stage of the treatment need not last more than a week. The second stage of treatment is tenotomy, under anæsthesia, of the clavicular attachment or of both attachments of the shortened sterno-mastoid muscle. The third stage can be begun as soon as the skin incisions are healed. The preliminary "medical gymnastic" education is now most useful. To his surprise, on trying to put the head straight, the patient succeeds at once, and, by daily practicing the exercises previously learned, and others for correcting the lateral spinal curvature which is nearly always present, he soon learns to hold his head vertically. In two cases in which

this plan of treatment was carried out, correction of the deformity was accomplished in one month. One of the patients had previously worn an apparatus for eight years without any benefit. There had been no return of the deformity at the end of a year. The duration of the treatment in the second case was one month.

A Mode of Treating Acute Inflammation of the Knee Joint.

Mr. RICHARD BARWELL (*Lancet*) advocates the treatment of acute inflammation of the knee joint by aspirating the joint in the following way: The knee is firmly enveloped, by preference, with a sufficiently broad band of elastic webbing; or an ordinary calico bandage will answer the purpose, care being taken to leave between two of the turns a little interval on the inner side, on a level with the upper margin of the patella. At this point a tubular needle is passed into the joint. The fluid runs away, as a rule, quite easily, and often better, without the aspirator vacuum. While it flows, the hand should exercise a little pressure on the patella, effectually preventing the entrance of air, and when, the flow having ceased, the needle is withdrawn, the puncture is to be covered with sticking-plaster. Pressure by means of adhesive plaster must then be applied, and the limb placed at rest for a few days upon a splint. In traumatic cases the fluid is deeply stained with blood; in non-traumatic cases, if the evacuation is effected early, the liquid is quite clear. By this procedure the pain is immediately relieved, the temperature, if it has been high, subsides, and the patient is well in from ten days to a fortnight.

Perforating Ulcer of the Bladder.

Dr. OLIVER describes (*Medical Times and Gazette*) an affection which has hitherto been looked upon as more or less peculiar to the stomach and duodenum, viz., perforating ulcer of the bladder. This affection is always acute, and is especially apt to recur. It usually develops without signs of inflammation or suppuration, and, as in the stomach and other parts of the intestinal tract, apparently results from the plugging of vessels which run in and nourish the coats of the viscus. Embolism and thrombosis are the most frequent causes of perforating ulcer in the bladder. The author adds that, in his experience, a rheumatic diathesis augments the tendency to this affection. Females are more prone than males, and especially about the period of puberty. The symptoms and course of this disease are usually very insidious, and fatal peritonitis may result before the condition has been recognized. Pain referred to the hypogastrium, and aggravated by pressure or over-distention of the bladder, is a frequent symptom. There is frequency in micturition, with sharp, cutting pain at the end of the process. The most distressing symptom is tenesmus, which results from spasm of the muscular coat, and may continue for some time after the organ has emptied itself. The treatment is rest and milk diet; opiates must be given to relieve pain.

The Direct Treatment of Spinal Caries by Operation.

Mr. F. TREVES (*Brit. Med. Jour.*) advocates the direct treatment of spinal caries by an operation. The gravity of spinal caries depends not so much upon any single pathological feature in the process, as upon the depth at which the disease

is situated and its inaccessibility to the usual operative procedures applied to caries elsewhere. Diseased bone cannot be removed from the vertebral bodies, and the morbid products, having to travel a great distance in order to find vent, are apt to induce immense purulent collections. In the operation proposed by the author, the anterior surface of the bodies of all the lumbar vertebræ and, with some reservation, the last dorsal vertebræ, can be reached from the loin. A vertical incision is made near the outer edge of the erector spinæ, the sheath of that muscle is incised, and the vertebræ reached by continuing the operation along the deep aspect of that structure. By means of this operation the vertebræ can be readily reached and examined, carious or necrosed bone can be removed, and a ready and direct exit can be given to all morbid products; an abscess situated in the region of the psoas muscle or lumbar region can be evacuated while it is yet small and before it has led to a huge abscess-cavity. If a large psoas or lumbar abscess exists, it can be evacuated at its point of origin, and at a spot that, in the recumbent posture, corresponds to its most dependent part. The author detailed three cases in which he had performed this operation. All the patients made good recoveries. In one case he evacuated at its point of origin a psoas abscess containing forty ounces of pus, and removed from the body of the first lumbar vertebra a large sequestrum measuring an inch by half an inch.

Urethral Discharge in Secondary Syphilis.

Dr. FRANCIS CADELL thus writes in the *Brit. Med. Jour.*, December 5: I have recently treated a case of this rare affection. In a man, aged 35, there occurred a profuse purulent discharge from the urethra, about two months from the appearance of the chancre, and three months after the last sexual connection. There also existed, at the time of the appearance of the urethral discharge, a large mucous patch on the left tonsil, and a plentiful eruption of papules over the body. The discharge rapidly became profuse and purulent, and lasted for about six weeks. It had a most weakening effect on my patient, who suffered from night-sweats and great debility. There was also an irritable state of the bladder set up after the discharge had lasted three weeks. The nature of the discharge was similar to that of gonorrhœa, but there was at no time any inflammatory symptom or any redness or swelling of the meatus. There was never any pain in passing urine, nor chordee.

I have occasionally seen, during the course of secondary syphilis, a slight muco-purulent discharge proceeding from mucous patches within the urethra; but, in my experience, I have never seen before such a profuse discharge of pus as in this case. From the large amount of pus, it is probable that the urethra was affected by an extensive erythema.

The patient has now entered on the fifth month of the disease. The urethral discharge has ceased, the tonsil is sound, and the eruption rapidly disappearing. The general health is excellent. As is my usual custom, no mercury has been given.

The Use of Force in the Treatment of Resistant Club-foot.

Dr. E. H. BRADFORD (*Boston Med. and Surg. Jour.*) describes an instrument for the application of force completely under the control of the operator by which

the ligaments can be stretched or ruptured and the foot molded into its normal shape. The object of the appliance is to exert pressure in three directions, and also to twist and raise the front of the foot. It consists (1) of a plate large enough for any foot; (2) of three steel buffers or padded plates which are attached at the ends to steel screw-rods, playing through sockets with a female screw-thread at the sides of the large plate. By turning the screws, which is done by the handles, the plates or buffers are pushed forward. They should be placed so as to press (a) upon the side of the first metatarsal; (b) on the side of the os calcis just beneath the internal malleolus; (c) on the outer side of the foot over the projecting head of the astragalus. The female screw through which the male screw plays is adjusted upon an arm curved so that pressure can be applied when it may be found necessary. (3) A straight rod, extended in the plane of the plate, to give increasing power in raising the front of the foot.

In obstinate cases of club-foot (the only cases for which this method is designed) the method of procedure is as follows: Tenotomy is performed in the usual way: the plantar fascia divided first, the tibiales tendons (if contracture is present) and the tendo-Achillis last (after the deformity at the arch of the foot has been in a degree corrected). The foot is then forcibly manipulated with the hands, pressure being exercised upon the projecting head of the astragalus with the thumb, and force applied in a counter-direction with the hand grasping the ankles and fore-part of the foot. The instrument is then applied and the screws are turned and adjusted so that the plates will press upon the os calcis, the head of the astragalus, and the side of the first metatarsal bone, as far as its articulation with the tarsus. The foot will now be firmly held, and, by additional turns of the screw, force can be applied in the desired direction. Rotation upward can be effected by twisting the plate, and the equinus can be corrected by pressing the end of the plate upward. Sometimes correction can be made at one sitting. The restitution should be made slowly and gradually. After the foot has been brought into a position which is nearly normal, and the contracted tissues have been so stretched that the foot can be held without a great amount of force, the foot should be fixed in the corrected position; for this purpose plaster-of-Paris bandages are the best. After ten days or three weeks the stiff bandage may be removed, and, if the foot is sufficiently corrected, a walking shoe applied. Appended to the article is a table of sixteen cases treated by this method in patients from eighteen months to fifteen years of age; in ten the result was perfect, in three nearly perfect, and in three imperfect. The period of active treatment varied from one to four months.

Cativi.

The *Med. Record*, January 2, 1886, says under this title, Dr. Luis Lazo Amàga, of Guatemala describes an affection of the skin, occurring in Honduras, which is characterized by spots of different colors disseminated over the entire body but occurring in closer aggregations in certain localities. He writes: "There are two kinds of *cativi*: one of which is accompanied by pruritus and abundant desquamation, and another which wants these qualities, although sometimes we observe a slight pruritus without desquamation.

"The sick present no other symptoms than those enumerated. They exercise

their functions just as in a state of health, and the skin, apart from its discoloration, and its scurfy desquamation, presents no signs of inflammation.

"The color of the spot varies much, depending in a great part upon the color of the skin, since the whites have many red, black, and blue spots, while the negroes have white and blue ones commonly. At times but a single color is observed, but usually there are several, and from the appearance thus caused those suffering from this affection are called by the natives *pintados* (painted) or *manchados* (spotted).

"The *cativí* is a very contagious disease, as I had occasion to observe in an individual who apparently acquired it from having bathed in a river in company with a *manchados*. On an estate of mine, situated in the Department of Olancho, in the Republic of Honduras, the laborers who are not *manchados* avoid making use of the agricultural implements which the *manchados* have handled, because they assured me that the disease was transmitted in this manner.

"What I was able to notice in my sojourn in that place was that the *scaly cativí* is more easily transmitted than the *smooth* kind, and that the first appears in children almost from birth (indeed it is said to be sometimes congenital), while the second does not develop itself before seven years.

"The disease may be hereditary, particularly the *scaly* kind, although some children of the *manchados* do not have it; and I have seen families in which the father and some of the children were suffering from it, while the mother and the others were not.

"I am led to believe, from repeated microscopical examinations, that the *scaly* form of *cativí* is of parasitic origin, but the *smooth* variety shows nothing to indicate the presence of a fungus or of any low form of animal life, such as is found, for example, in scabies. The cause of the disease is unknown; some attribute its origin to the action of the water or to the bites of insects, but my own observations lead me to reject these theories of the etiology of the *cativí*. It is a somewhat curious fact, that in spite of the repugnant aspect of the disease, its subjects do not appear to suffer mentally from their affliction, nor do they shun intercourse with healthy persons.

"No curative method, based upon observation, can be established, because the *manchados* never seek the advice of a physician. The only case of medical cure which I have seen was that of the man before mentioned, who acquired his disease while bathing, and to whom remedies were given as soon as the first spot disappeared. Only five spots were developed, and thanks to an external mercurial treatment continued for some time, when they disappeared, leaving only a slight coloration of the skin at the points where they were situated.

"I believe that the disease is always curable, and this view is also held by the leading physician in Honduras, Dr. Gamero, whom I once asked if the *cativí* could be cured. 'When the sick wish they can heal themselves,' he answered, 'but generally they do not wish it; if men, because it exempts them from the military service; if women, because they do not need to.'"

QUARTERLY COMPENDIUM
OF
MEDICAL SCIENCE:
A
SYNOPSIS

OF
THE AMERICAN AND FOREIGN LITERATURE OF MEDICINE,
SURGERY AND COLLATERAL SCIENCES.

EDITED BY
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AND
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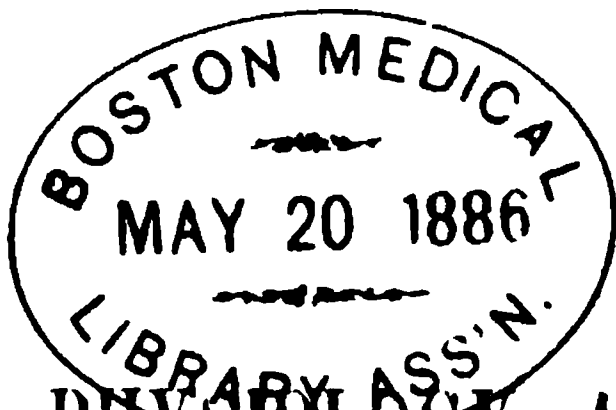
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I. ANATOMY, ~~PHYSIOLOGY~~ AND PATHOLOGY.

Cadaveric Lesions of the Nervous Centres.

Dr. BAILLARGER, in the *Annales Médico-Psychologiques*, No. 1, 1885, gives an account of some observations recently made, which tend to demonstrate that the adhesions of the membranes to the cortex cerebri, which are almost constantly found in the brains of patients who have died of general paralysis, are only produced after death, and that they ought, therefore, to be regarded as a cadaveric lesion. In five cases in which examinations were made less than ten hours after death, no adhesions were found.

Congenital Absence of the Left Kidney.

To the New York Pathological Society, January 13th, Dr. T. MITCHELL PRUDEN presented the somewhat enlarged right kidney removed from the body of a man 22 years of age, who had given no symptoms of renal disease, and who had died with pulmonary phthisis and tubercular meningitis. The left kidney and ureter were absent, there being not even a rudiment of those parts. The specimen was worthy of presentation, as it was desirable to have exact statistical knowledge with regard to this malformation, as bearing upon nephrectomy. According to Gootmann, within twenty-five years previous to 1883, there had been but seventy cases of solitary kidney put on record.

Renal Infarctions; Ante-mortem Heart-clots, Etc.

To the New York Pathological Society, December 9, Dr. L. EMMET HOLT presented the heart and kidneys of a child which had died aged 17 months. It was delicate, and manifested more than the ordinary amount of cerebral irritation during the cutting of teeth. On the last occasion, ten days before death, the disturbance of the brain and nervous system was greater than usual. Drugs had little effect. Two days before death the temperature rose to 104° , the child became comatose, and three hours before death marked cyanosis developed. At the autopsy, the dura mater was apparently normal; there was slight milkiness of the pia; the vessels of the right hemisphere were markedly engorged; those on the left side were apparently anæmic; the same condition was observed in the interior of the brain and in the cerebellum. The cerebral arteries were examined to the second bifurcation, and no obstruction was found. In the left hemisphere the sinuses were occupied by firm decolorized thrombi. This condition was not present on the right side. The heart was apparently normal, but upon both sides were very hard, closely adherent clots; that upon the right side completely filled the cavity. On the surface of the kidneys were a number of nodules, varying in size from a pea to the end of one's finger. The gross appearances were some-

what suggestive of malignant disease; but the microscopical examination showed white infarction in marked degree. There was commencing diffuse nephritis. Dr. Holt thought the heart-clots were ante-mortem. There was no clear explanation for the post-mortem conditions.

The Temperature-Sense.

From *Mind*, 1885, we learn that Dr. DONALDSON has made a series of experiments upon this subject. He found that the sensation of cold was felt only at definite points of the skin. The fact was noticed as follows: The sensations of motion as derived from the skin were being studied by means of a metal point which was slowly drawn over the surface. When the motion of this point, which was controlled by a suitable apparatus, was very slow, it often happened that it seemed to stand still for a time, or even be lost, when suddenly a sharp sensation of cold, distinctly localized, would recall its presence and position. Blix also discovered heat-spots in the skin and mapped them out. Mr. Donaldson used an instrument called the "kinesimeter." When Blix found a heat-spot and a cold spot on the skin, the warmed point was applied to both, and then the cold point. No sensation followed the application of the warmed point to the cold spot, or the cold point to the heat-spot, thus showing the complete differentiation of these temperature-organs. Mr. Donaldson arrived at the following observations: The parts covered by skin have the temperature-organs in the skin. When the surfaces beneath the skin are tested, they are found insensitive to temperature. The papillary layer is not necessary for temperature sensations. The nerves are generally regenerated in the healing of burns and other scars, except in certain places where the connective tissue is very dense.

Examination of the Gastric Secretion of the Fœtus.

The *Nashville Jour. Med., and Surg.*, for February, says that Dr. G. KRUKENBERG, of Bonn, in the *Gynakol. Centralblatt* viii., says: It is a well-known fact that certain materials, such as the indigotes, sodium, iodide of potassium, are to be discovered in the liquor amnii of rabbits advanced in pregnancy. One can also easily find the same materials in the stomach of the fœtus if he but examine. It is supposed that this occurs through swallowing the liquor amnii. This theory is supported by the fact that we cannot find these materials in the other fœtal organs. The author has from his own researches arrived at the conclusion concerning the iodine that it is not found in the liquor amnii of animals (ground-hogs) which have not arrived at the end of gestation. He found it, however, in the contents of the stomach in high grade. Iodine was also to be found in the fluid between amnion and chorion. From this it would seem that there must be a passage of iodide of potassium into the fœtal blood, and from this into the stomach. The author made similar observations in rabbits, cats, and dogs. In what manner the iodide of potassium is taken up by the fœtus, separated and placed in the stomach, and in so great an amount as is claimed, remains to be shown. The author, after he has completed a great number of experiments, will give more exact reports of his results.

Regeneration of Divided Tendons.

The *Jour. Am. Med. Ass.* says: The method which was applied by Gluck to the human subject has been recently studied anew by MM. FARGIN and ASSAKI on rabbits; the object being to ascertain the best method of causing regeneration of divided and shortened tendons. It will be remembered that Gluck joined the cut ends of a divided tendon by means of a bridge of catgut threads. Fargin and Assaki, having excised a portion of the tendo Achilles of a rabbit, filled the gap with catgut threads, strict antiseptic precautions being observed in order to ensure primary union. The animal being killed on the forty-ninth day, examination showed that the catgut threads were replaced by fibrous tissue, not identical in structure with tendon, but closely resembling it. Another animal operated upon in the same way was killed on the one hundredth day. The newly formed tendon was much more fully developed than in the first case, as was to be supposed.

The experimenters then substituted portions of tendon for the catgut, the tendons being taken indifferently from animals of the same and different species as the animal operated upon; portions of tendon from a sheep, a dog, chicken, and duck being used on rabbits, and *vice versa*. The zoölogical relationship seemed to have no effect in promoting or deterring union by first intention. Notwithstanding this, the experimenters assert that when primary union is impossible and some substitute must be used for lost tendon-substance, success will be more probable if the substitute be taken from an animal nearest to man in zoölogical order. We do not see that this necessarily follows. The results of these experiments are satisfactory, and are certainly sufficient warrant for the performance of the operation on man, of course under antiseptic measures.

Collapse of the Lung.

The *Canada Med. and Surg. Jour.* says that Dr. THEODORE DUNIN, of Warsaw, has recently published in *Virchow's Archives* an account of the minute anatomical changes occurring in collapse of the lung from compression—this study being almost the only literature on the subject, though pulmonary collapse through bronchial obstruction and pulmonary cirrhosis from extension of fibroid pleurisy, are fairly well understood. Three fatal cases and twenty experiments on cats and rabbits (by external pneumothorax and pleural effusion from repeated small injections of gelatine solution) have led him to conclude that the essential results of compression are at first flattening of the alveoli, compression of their capillaries and degeneration of their epithelium, and later, that the flattened alveolar walls themselves, their capillaries now completely obliterated, are formed into fibroid strands and meshes. He considers the change a degenerative one, largely due to interference with the blood supply, and differing from collapse through bronchial obstruction by the absence of any active catarrhal pneumonia. A small-cell proliferation about the smaller bronchi going on to fibroid change he attributes to irritation from the retained bronchial secretion. The fibrous tissue both from this source and from the degenerated alveolar walls would have, he thinks, but little influence in preventing the re-expansion of the lung compared with that exerted by external pleuritic adhesions—a theory which certainly accords with the clinical features of these cases, since a lung, even if long compressed, may expand perfectly, provided the pleura be not much thickened. It would be in-

interesting to know how far these changes may proceed without precluding the possibility of complete recovery. None of the cases were complicated by tubercle.

The Anatomy of Parovarian Cysts.

According to KILLIAN (*Archiv. f. Gyn.*, xxvi., 3), the results obtained from a careful microscopic study of five cases of cyst of the parovarium are the following: Adhesions to the parietal peritoneum were wanting in three of the cases, and present to a degree in two, and this is exceptional, for ordinarily cysts of this nature do not contract adhesions. Folds of the inner surface of the cyst were in all these cases present, but the folds could hardly be due to contraction of the smooth muscular fibres of the wall, for these fibres were but sparingly present. The tube in all the cases lay close to the cyst, and was slightly increased in length. In two of the cases, there existed dilatation of the tube. The uterine end of the ovary was removed to a degree from the cyst-wall, as was to be expected, since, normally, the parovarium is situated nearer the end of the ovary furthest removed from the uterus. In three of the cases, the fimbriated extremity, and, in one case, the ovary was elongated. The ovaries were hypertrophied, the result of the chronic venous hyperemia caused by the pressure of the cyst. The epithelium lining the cysts was not ciliated as, in accordance with the accepted belief, it should have been. The accessory cysts which are occasionally found, K. believes to be retention cysts, and not cysts from other canals of the parovarium. Two of the five cases were papillary cysts, and one glandular. This last form is exceedingly rare. To reach the diagnosis of parovarian cyst, it is necessary, in the first place, to determine whether the cyst occupies the position in respect to the neighboring organs which the parovarium does, and, in the second place, whether in anatomical structure the cyst is like the organ. The first point is determined affirmatively if the tube and ovary occupy the position in relation to the cyst which they normally do to the parovarium. As for the anatomical structure of the cyst, K. can state no particular in which it is characteristically distinctive. Ciliated epithelium, as we have seen, is rare. The chief point in diagnosis, therefore, is the ascertaining the position which the cyst occupies in relation to the tube and ovary.

Effects of Section of the Posterior Nerve Roots on the Connected Motions.

A series of experiments were made by DARIO BALDI, *Lo Sperimentali*, September, 1885, to determine the remote as well as immediate effects of division of the posterior spinal nerve-roots. Severance of the roots of the nerves which supply the hind legs of a dog was followed by anæsthesia of the limbs in direct proportion to the number of the roots divided which enter into the formation of the plexus of nerves supplying the limb. The accompanying ataxia was permanent when the whole of the roots entering into the formation of the plexus of one or both sides were divided. If only a portion of the roots were cut, the ataxia gradually diminished with time. In discussing the mechanism of the ataxia, the author reviews the various opinions held regarding muscular sensibility, and maintains that the centres are only rendered conscious of its existence by an

actual contraction, it may be very minute, of some of the muscles. The fact that a sensation of energy may be evoked by placing a limb in the position appropriate to the performance of an act requiring muscular movement, and then mentally, but not physically, executing it, is—as explained by Ferrier—the result of unconscious simultaneous contraction of the thoracic muscles, with closure of the glottis. Dr. Baldi suggests that in those dreams in which we fancy ourselves pursued, and are incapable of making the least effort to escape, although up to the moment when the effort became necessary the power of movement seemed to be unimpaired, the sensation of powerlessness has its origin in the perfect repose of the muscles—no contraction has taken place, and therefore there is no consciousness of muscular force. When we dream that we have accomplished muscular movement, contraction of the muscles has actually taken place. In the case of the dogs in which the posterior roots were cut, the absence of muscular sensibility was shown by the unusual and inconvenient positions in which the animals placed the limbs thus deprived of sensation, evidently without being conscious of so doing. In attempts at walking the animals moved the anæsthetic limbs by detached volitional impulses, and not in the sequential, organized manner due to habit and to the impressions which arise from the movements themselves, the result being that such attempts never reached the normal scope. The improvement which took place in some of the animals experimented on was due, not to functional compensation, but to the slightness of the primary lesion.

II. PHYSICS, BOTANY, CHEMISTRY, AND TOXICOLOGY.

Oil of Man.

The following is an abstract of what MOSES CHARRAS says in his Royal Pharmacopœia (1678): "Two or three skulls from healthy men (recently hanged or otherwise have met a violent death) are well cleaned and placed in a clay retort. Various precautions are taken to keep the contents of the retort from foreign contamination, and a gentle furnace heat is applied until 'volatile salt spirits, accompanied with oil, distil over.' The oil is to be rectified. 'The oil, as well the salt, may be taken internally. * * * The dose of the oil is 2 or 3 drops to 8 or 10 in some liquors, etc. * * * You may also use it to anoint the temples or the entries of the skull, or put it up the nostril. * * * Substances very much like to those which are extracted from the skull of man may be drawn out of all the bones, observing the same method in their distillation.'" *Oleum animale*, though from indifferent bones, would be a fair substitute for this product.

Cutting Glass by a Gas Jet.

The *National Druggist* says that Berzelius' carbon, a species of pencil by means of which glass may be cut by passing its incandescent point over the surface, may be replaced with advantage by a small flame of gas, in the following manner: Fit the point of an ordinary blow-pipe in a metallic tube so as to form a rectilinear blow-pipe, put on the mouth-piece a rubber tube, connecting it with a gas-burner, and reduce the flame to one or one and one-half centimeters in length. Pass this flame over the glass, and it will cut it with great neatness. This action is due to concentrated focus of heat more intense than an incandescent point of Berzelius' carbon. To begin the cut, it is necessary to make a scratch with a file, and the blow-pipe must be inclined sufficiently to make the flame luminous at the base, and blue in contact with the glass, and to stretch along the glass. The glass blow-pipe may be employed to slit lamp chimneys their entire length, and thus prevent breakage when lighting.

Gilding on Ivory and Glass.

The *Popular Science News* says: One plan for gilding ornate designs on ivory or glass is, to paint over the design with a fine camel's hair brush moistened with nitro-muriate of gold, then hold the glass or ivory thus painted over the mouth of a flask in which hydrogen gas is being generated by the action of dilute sulphuric acid on zinc scraps. The hydrogen will reduce the gold chloride to

metallic gold on the painted surface; and the gold film thus deposited will in a short time be found to have considerable lustre, when the operation may be stopped. The gold film is exceedingly thin.

Another method suggested for the same purpose, which will answer for glass, is the following: Make some gold powder by putting into an earthenware mortar some gold-leaf, with a little honey or thick gum-water, grinding the mixture until the gold is completely reduced to powder, and then washing out the honey or gum by repeated additions of warm water and decantation. Mix the gold powder with a strong borax solution, and paint over the design with it. When dry, place the glass in a stove, and give it a considerable heat. This will vitrify the borax, and cement the gold to the glass with much firmness.

Milk Wine (Kefir).

HERR KOGELMANN, a chemist of Graz, points out in a recent number of the *Deutsche Medizinal Zeitung* that kefir can be readily prepared without the use of the imported ferment, as this exists in ordinary butter-milk. He proposes the following as a good way of making milk-wine, which appears to possess some material advantages over koumiss. The milk to be fermented should not be deprived of the whole of its cream. The bottles should be made of strong glass, and about two-thirds filled. The fermenting milk should be well shaken at least three times a day, with the cork firmly fixed, after which the cork should be withdrawn to permit the escape of the carbonic acid gas. The opened bottles should be laid as flat as their contents will permit twice a day for ten minutes each time, in order that the gas may escape and air be admitted, or otherwise the fermentation will cease. If a drink strongly impregnated with the gas be desired, the corks should not be withdrawn towards the end of the process. In order to prepare a fresh supply about one-fifth of strongly fermenting or fermented milk should be added. The temperature at which the bottles are to be kept is between 9 deg. and 21 deg. C. The most favorable is 15 deg. C. The process of fermentation is completed in about three days.

The Corpse Plant.

The *Western Druggist* for January says: Every one familiar with our northern woods has seen the curious Indian pipe or corpse plant, *Monotropa uniflora*. It has acquired the latter of its two common names from its whiteness, stem, leaves, and floral envelopes all being colorless and entirely destitute of chlorophyll. It has heretofore been regarded either as a parasite or saprophyte, but from the investigations which Kamienski has given to the European form, *Monotropa hypopitys*, it seems probable that both of these views are incorrect. The roots were examined and found not to possess the peculiar haustoria or sucking organs of parasites. Moreover, it was ascertained that the root cells which were in contact with the soil were dead and incapable of absorbing nutriment from it. But closely adhering to and enveloping the roots was found the mycelium of a fungus. This branches freely and forms a pseudo-parenchymatous envelope often two or three times the thickness of the epidermis itself, and is best developed at the apex of the root. This mycelium does not penetrate into the living cells, though occasionally its branches pass between them. It cannot therefore be properly re-

garded as a parasite on the plant. This fungus he finds is invariably present and is necessary to the life of the *Monotropa*, and he believes the plant derives its nourishment from the soil through the medium of the fungus mycelium. He regards it as an instance of symbiosis, such as commonly occurs among low forms of animal life.

Loss in Weight of Quinine as Sold in Cans.

W. A. SPALDING thus writes in the *Pharmaceutical Record*, February 15: The U. S. Pharmacopœia says that "sulphate of quinine contains seven molecules of water of crystallization, and that it loses when long exposed to the air or when kept at 122° to 140° F., for some hours, all but two or three molecules." My only object in bringing this matter before you now is to show that this water of crystallization goes off much easier than the U. S. Pharmacopœia leads us to believe.

I will simply give the loss in weight of two five-ounce cans sulphate of quinine (different makers), and I think these figures will show that a more just way of buying and selling quinine would be to have it dried to constant weight by manufacturers.

Can No. 1 was opened, quinine turned out and weighed as soon as received, and found to be exact in weight. Quinine was put back in can and paper pasted around cover and bottom of can, and whole weighed December 8, 1884.

Can No. 1, weight: December 8, 1884, 307.00 grams; February 18, 1885, 303.00 grams; March 9, 1885, 302.00 grams; May 26, 1885, 299.00 grams; September 11, 1885, 297.5 grams; December 22, 1885, 295.00 grams; January 15, 1886, 294.4 grams. Loss, 12.6 grams—between 8 and 9 per cent.

Can No. 2 was not opened, but weighed May 26, 1885; weight, May 26, 1885, 327.15 grams; November 8, 1885, 314.10 grams; December 23, 1885, 311.00 grams; January 15, 1886, 311.00 grams. Loss, 16.15 grams, or 11.39 per cent.

To Detect Water Added to Milk.

The *Popular Science News* for December says: To distinguish between the water of the milk and that added to it by the milkman is a problem hitherto unsolved. The different relative percentages of the salts in milk and ordinary waters, or the water of the place, have already been proposed; but the processes for their determination are too tedious for general use. J. Uffelmann, writing to the *Milch Zeitung*, repeats his opinion that in the nitrates, present in some proportion in nearly all waters, but absent from milk, we have a positive evidence; and he gives a new test surpassing all others in delicacy, while equalling them in simplicity. He directs that a quantity of diphenylamine the size of a split pea be put into a small white crucible, twenty-five minims of sulphuric acid absolutely free from the slightest trace of nitrates poured on it, and the mixture stirred with a clean rod until it is of a pale rose color. Then three or four drops of the suspected milk (or other fluid) must be allowed to trickle down the side of the capsule, which should be kept motionless. If much nitric acid be present, there will instantly form at the point of contact between the fluids a bluish stripe, which gradually spreads, till it forms a blue cloud throughout the whole. If the quantity be smaller, the color will not appear for several minutes; but even the slightest trace will, sooner or later, pervade the fluid with a delicate blue. Two

drops of ordinary drinking-water are generally sufficient to give a distinct reaction.

Balata.

The *Gardener's Chronicle* of recent date contains an interesting account of the balata industry in British Guiana. Balata is a substance somewhat intermediate in character between india rubber and gutta percha, and for many purposes is regarded as preferable to either. It has great strength, does not stretch under tension, and appears to be admirably adapted to the manufacture of belting. It is regarded by those who have carefully investigated its properties as on the whole the best of the entire series of caoutchoucoid substances. It is the concrete milky juice of a large tree, the *Miuonsops globosa*, Gaert., which is distributed over a wide area from Jamaica through Trinidad, Venezuela and Guiana. In the latter country particularly the trees are abundant. The exudation is usually obtained by making incisions in the bark of the standing tree, but sometimes more wasteful methods are pursued and the trees are cut down. The milk juice which trickles from the incisions is collected in calabashes, and afterward dried down by exposure in shallow wooden troughs to the air or to the direct rays of the sun. The yield in a day from a tree varies from a few pints to as many as five gallons. There is no doubt that the industry is destined to become a very important one, and before long balata will become as common an article of commerce as ordinary india rubber now is. It is said that a prominent American firm has recently acquired a grant of several hundred thousand acres in Dutch Guiana for the purpose of collecting this gum.

A Case of Arsenical Poisoning Relieved by Dialyzed Iron.

Dr. WILLIAM C. WILE thus writes in the *New England Med. Mo.*: At midnight, December 13th, I was hastily called to see a woman, who, it was said, had taken a large dose of Paris green, with suicidal intent. On arriving at the house I found Mrs. E. prostrated from the effects of some severe shock. She was vomiting. The surface was cold and clammy, the respiration rapid, pulse small and thready, countenance anxious, and every evidence of a rapidly approaching dissolution. In the matter vomited I found quite a quantity of green substance, which on examination proved to be Paris green. Recognizing the urgency of the case, I introduced the stomach pump and rapidly emptied the stomach, washing it out thoroughly, removing quite a quantity of the poison. I then gave her half a pound of dialyzed iron (prepared by John Wyeth & Bro., Philadelphia) and proceeded to restore the heat to the body and to get reaction to set in, with the external application of heat, stimulants, rubbing, etc. At 6 a. m., the patient had become quite comfortable, and in two days was out of bed. The iron was continued in tablespoonful doses for six hours, and then all medication ceased, except that glycerin and water were given in order to relieve the terrible dryness of the throat.

Three days after the dose was taken an eruption came out over the whole body, that resembled hives more than anything else. I should estimate the quantity taken to be about one ounce.

I report the case not on account of its rarity, but because it adds another to the list of cases that have recovered under the use of dialyzed iron, which I consider quite as effective as the hydrated sesquioxide.

Magnetism in Watches.

The *Popular Science News* for January says that some very pretty experiments, showing the effects of magnetism on the steel parts of a watch, can be very easily made, as follows: Take a glass of water, a balance-wheel, and an ordinary magnet, say twelve-inch horse-shoe. The balance-wheel will float if carefully laid on the surface of the water. Bring the magnet near it, and it will be attracted, repelled, or revolved, as the different poles are brought to bear; and when the magnet is removed to a distance, the balance will arrange itself in the north-and-south polarity, the same as a compass needle. A hair-spring will float in the same way, and is much more sensitive to the magnetic influence; the delicate lines of steel are alive to the slightest change of polarity, as exhibited by the magnet; and if left free, it will immediately arrange itself in the north-and-south line. Also, the fork, the regulator, or any of the flat pieces of steel, can be made to float (care being taken that they are dry, and carefully laid upon the water); and their antics under the magnetic influence are very amusing, appearing "like things of life," as they "'bout face," turn sharp corners, or "scoot" across the surface of the water, in obedience to the attracting force. It will be noticed that the finer-finished pieces of steel, and those with the finest points, are much the more sensitive, thus demonstrating the assertion that the finer the watch, the more susceptible it is to magnetism. These simple experiments, which any watchmaker can readily try, show why and how a watch, when once magnetized, is affected by varying influences of magnetic or electric conditions. The parts are each attracting the other, but with a varying force as the position of the watch is changed, or brought into an atmosphere more or less charged with magnetic or electric forces. Some such simple investigations as these may furnish a key to mysteries which have long puzzled many skilful watchmakers, and will account for the unsatisfactory performance of watches otherwise perfect.

Consul-General Gibbs on Coca.

RICHARD GIBBS, U. S. Consul-General, located at La Paz, Bolivia, in answer to a letter from the Secretary of the Navy in regard to coca, says, in the course of his letter, that La Paz is the great emporium of the coca trade. The drug is brought from the province of Youngas, about 60 miles east-northeast of that place. When raised in a warm climate the leaves are thicker and not of high quality. The erythroxylon coca is a small bush, growing from 2 to 4½ feet in height, on mountain terraces. It is gathered by women, mostly leaf by leaf, each bush yielding three crops, and each crop being called a meta. Care is taken not to break off the top of the plant, as the leaves would soon wither. A temperate climate and plenty of moisture are required for the production of the most delicate leaves and finer quality. The best are grown at an altitude of from 3,000 to 6,000 feet above the sea level. Coca seed is sown in beds, and when the plants are 8 or 10 inches high they are transplanted. No fertilizer is used. The leaves are dried by solar heat, in yards paved with stone, and packed in bales of about 25 pounds each. That which is exported from Bolivia is put up in 150-pound packages, in hides or coarse cloth, carefully coated with a species of turpentine, as the least moisture will spoil it. The annual production is about 7,500,000 pounds, of

which there is consumed in Bolivia about 55 per cent.; on the Chilian coast about 15 per cent.; in Peru about 10 per cent.; in the United States and Europe about 5 per cent. Consul Gibbs says he has found buried with the ancient Peruvians, in many cases, small quantities of coca leaves, and always a small earthen vase that held lime or potash, which was and is still used with coca. The potash is made from the bark of the bean plant. The whites seldom use coca except in the form of an infusion, made like our tea, the first water being, however, thrown away as too strong. From coca the Government collects a revenue, which is farmed out or sold to the highest bidder, sealed proposals being received for the privilege. The tax on producers or planters is 90 cents per certa of 25 pounds. The price per certa has varied between 1875 and 1884 from 8 pesos (soft dollars of 80 cents each) to 18 pesos, the average having been about $12\frac{1}{2}$, and the highest prior to 1884, 15.40 pesos (\$12.32).

Poisoning by Three Drachms of Tincture of Belladonna.

Dr. J. B. AYER (*Boston M. and S. Jour.*) was called to see a girl twelve and a half years old, who had taken three drachms of tincture of belladonna by mistake. It was given at 9:30 p. m., and the mistake was discovered at 10:25. Although the patient seemed comfortable, feeling only dryness of the throat, the mother kept vomiting her with salt water and ipecac for twenty minutes.

At 11, Dr. Ayer found the pupils widely dilated, not reacting to light. There was dryness of the fauces; the skin was dry and red; the pulse 135, very feeble and irregular.

Passing an œsophageal tube, he filled the stomach and washed it out by siphoning, and then gave an enema of a gill of strong coffee.

By this time the cerebral symptoms had appeared. The patient was in a state of mild delirium. The eyes could not accommodate; she could not tell whether objects were near or distant, and it seemed to her that there was a white sheet dancing up and down in front of her. Muriate of pilocarpine ($\frac{1}{4}$ grain subcutaneously), had a decided effect in diminishing the dryness of the throat and skin. Strong coffee was given at frequent intervals, but not retained.

The cerebral symptoms were less marked at the end of a couple of hours; the pulse was less rapid, 120, and much stronger, and she wished to sleep, but was, however, kept awake without much difficulty. At 7 a. m., the pupils were still enlarged, and did not react to light. Three days later they were still dilated, but reacted readily.

Recovering from the effects of the poison, she found herself cured of the nausea and diarrhœa for which it had, by mistake, been taken. The over-dose had no effect whatever upon a habit of nocturnal incontinence of urine.

This tincture of belladonna was prepared two years ago, (U. S. P., 1870), and the amount taken contained twenty-two grains of belladonna leaf. There is a great difference in the price and strength of belladonna leaves, and it is impossible to say whether the amount taken would have yielded one-twentieth or one-tenth of a grain of atropia. The therapeutic and toxic character of preparations of belladonna do not depend *entirely* upon the amount of atropia by analysis from them. Most of the belladonna was *probably* absorbed in the course of fifty-five minutes, as the stomach was nearly empty at the time.

Interesting Information about Cork Wood.

The *Independent Journal* gives the following bit of interesting information about cork wood :

Cork wood is divided into four classes, according to their thickness:

1. Thick cork, having more than 31 millimeters in diameter.
2. Ordinary or commercial, from 25 to 40 millimeters.
3. Bastard cork, from 23 to 25; and
4. Thin cork, less than 23 millimeters.

Each class is again divided by the French and Spanish merchants, according to their quality and to the fineness of the cork.

In the cork tree plantations of Lot et Garonne, Catalonia, and the Mediterranean region generally, a forest kept in good condition and worked for ten years, will yield two-thirds of good ordinary corks, and one-third of thick and thin cork, the whole being of the average price of 60 francs per cwt.

Cork of good quality should be white, tawny, or pink, with a close, fine grain, and free from cracks. Wet plantations give a soft, flabby description of product.

The powder of cork is met with in trade under the name of *liegine*, and is used in place of lycopodium for healing skin cuts, etc. The waste resulting from the manufacture of bottle corks is made useful by being mixed with plaster, etc., for partitions, filling walls, and other purposes. It also produces an excellent kind of charcoal, which is said to be good for gunpowder manufacture.

Linoleum is a composition of cork powder and linseed oil. Sometimes cork powder is found highly adulterated with sawdust and clay. Cork leather is made from India rubber and cork powder; it is much used for waterproof articles.

Catalonia and Algeria possess the cork oak in great quantity, and it is successfully cultivated in Corsica, in the French departments of Var, Lot et Garonne, and elsewhere. It grows about 200 years, and attains some 30 to 40 feet in height as an average, though trees as high as 65 feet are met with here and there.

The virgin cork is the suberous bark; it has little commercial value, being only used for marine buoys, fishing net floats, ornamental flower pots and ferneries, and for making Spanish black. The bark reaches its proper thickness in about eight years, but a tree is not unbarked until it is twenty or thirty years old. A young tree will give six to eleven pounds of cork, while an old tree will yield 250 to 350 pounds.

The manufacture of corks for bottles dates from the seventeenth century; machinery is now largely used for this purpose, by means of which one man can turn out about 5,000 to 6,000 corks a day.

Analysis of Sam-Shu, a Chinese Liquor.

The *Jour. Am. Chem. Soc.*, 1885, says that the liquor known as *toddy*, *arrack*, *saki*, *tsin*, and by other names in Eastern Asia, is distilled from the yeasty liquor in which boiled rice has fermented for many days under pressure. Only one distillation is made for common liquor, but when greater strength is desired two or three distillations are made; and it is this strong spirit alone which is rightly called *Sam-shu*, a word meaning "thrice fired." (The Middle Kingdom: S Wells Williams. New York, 1883. Vol. I., p. 808.)

This liquid, which has the color of rich sherry wine, is imported in large quantities, and is sold here (New York City) in the shops of Mott and Pell streets to Chinamen, who are very fond of it, not only for drinking, but for preparing their opium for smoking. It is not agreeable to the taste of Caucasians, as it tastes and smells like spoiled Jamaica rum. Hitherto the proprietors of the Chinese shops, where it is retailed, have refused to take out licenses, because they did not consider the liquid intoxicating; in consequence of this refusal, a sample was sent to the Health Department by the Excise Commissioners, with a request for its analysis. The results of this analysis are as follows :

Specific Gravity at 18° C.	94.84
Percentage of Alcohol, by weight.	38.81
“ “ “ “ volume	45.70
“ “ Saccharose.	5.39
“ “ Glucose	1.19
“ “ Mineral constituents06
“ “ Other Organic Solids	2.80
“ “ Total Solids	9.44

Dr. J. P. BATTERSHALL, of the United States Laboratory, Port of New York, obtained the following percentages of absolute alcohol in samples of this “Chinese Medicine” :

	Volume.	Weight.
No. 1	44.50	37.55
No. 2	33.10	27.27
No. 3	52.00	44.42

These analyses show that *Sam-shu* contains as much alcohol as any liquor usually sold.

A Case of Poisoning by Castor Beans.

Dr. S. E. EARP thus writes in the *Cinn. Lan. and Clinic*, February 6th: The *Ricinus communis*, or more familiarly known as the castor oil plant, is quite frequently cultivated in our flower gardens, especially among the Germans, and but little attention is paid to the danger of the ill effects that may originate from the ingestion of the seeds. The United States Dispensatory states that two of the beans will cause serious vomiting and purging, and three have taken the life of an adult. This statement should startle the laity, since their children, during play hours, have abundant opportunities to take advantage of this source of poisoning.

I am prompted to report the following case, not only on account of the severity of the symptoms, but the rarity with which a similar condition is met in practice.

On the afternoon of May 13, 1885, E. D. Ferboss, aged fifty-two years, and by occupation a conductor on the I. B. and W. Railroad, purchased a small quantity of castor beans to plant in his door-yard, for the purpose of ornamentation. After preparing the ground for the reception of the seed, and removing the capsule of the beans, he accidentally put one or two in his mouth, and unconsciously

crushed them with his teeth. The prompt action of the salivary glands and the sweetish nature of the substance made the taste rather agreeable, and he was induced to eat ten of the beans before his appetite for them was gratified. The time at which the stomach received the seeds was 3 p. m., and no uneasiness whatever was experienced until 5:30 p. m., which was thirty minutes after he had eaten a hearty supper. At this juncture the face became flushed, a tingling sensation of the skin, confusion of ideas, and intense abdominal pains, were prominent features. At 6:30, emesis was violent in the extreme, and each effort brought forth large quantities of mucus mixed with blood. An hour later the symptoms became more aggravated, and the bowels moved frequently with bloody stools, attended with great pain and tenesmus. A messenger was dispatched for me, but owing to his delay in finding my office, I did not see the patient until 10 o'clock, at which time some of the above symptoms had subsided, but the purging and vomiting with increased abdominal pain continued. The temperature was 96° F., the pulse 60, and the skin, cold and clammy, was bathed in perspiration. The patient could not give an intelligent history of his case, in fact appeared rather stupid, and his memory was unreliable. Tympanites and abdominal tenderness was well defined, and the muscles of the throat and chest were tender to the touch from the long-continued emesis, and the situation seemed to indicate that collapse was not far distant. I administered $\frac{1}{8}$ grain of morph. sulph., 10 grains of bismuth sub. nit., and 2 grains capsicum pulv., and ordered dry heat applied to the extremities. No drug store being located in the vicinity, I was compelled to depend upon my pocket medicine case, and therefore gave small doses of carb. of ammonia, rather than the aromatic spts. of ammonia. After the second administration of the above combination, the patient began to react, and when I left his bedside at 1:30 a. m., he was resting somewhat better. I instructed the attendant to continue the same treatment at intervals of two to four hours, as necessity demanded. I saw the patient again at 10 a. m., and his temperature was 102° F., pulse 90, tongue heavily coated, and skin dry and harsh. The bowels had moved only twice since daylight, and although the vomiting had ceased, there still remained some nausea. The patient complained of a general soreness of the muscles, and said to me: "I feel as if I had gone through a long spell of sickness." I prescribed at this time, quinia sulph., ex. of nux vom. and piperine, and daily improvement continued until at the end of a week the patient was able to abandon his bed.

III. MATERIA MEDICA AND THERAPEUTICS.

Strychnine in Alcoholism.

In the *Jour. de Méd. et de Chir. Pratiques*, 1885, Dr. LARDIER states that he has for a long time employed strychnine in the treatment of delirium tremens, and regards it as a specific. It is necessary to give the drug in large doses. In one case, he gave one-thirteenth of a grain every two hours for several days without obtaining any benefit. He then increased the number of doses, until he gave in all $1\frac{2}{3}$ grains in twenty-four hours. The patient soon fell into a refreshing sleep, and never showed a sign of strychnine poisoning.

Disappearance of Epilepsy after Poisoning by Arsenic.

At a meeting of the Vilna Medical Society, Dr. L. S. STEMBO related (*Proceedings of the Vilna Medical Society*, No. 9, 1885, p. 5) the case of an habitual drunkard, who had for many years suffered from weekly epileptic attacks, and lately attempted suicide by taking arsenious acid. Under an appropriate treatment, the patient recovered, both from the effects of the poison, and from the epilepsy. At least, no convulsive attack occurred for six months after the poisoning. It is worth while to add, also, that he ceased to drink after the accident.

Cocaine in Tonsillotomy.

MARCEL LEROMOYEZ, in the *Bulletin de Therapeutique*, discussing the subject of local anesthesia in tonsillotomy, recommends the hydrochlorate of cocaine. This he had used with good success in a solution of one in thirty. He painted the tonsil four times, five minutes elapsing between each time. Five minutes after the last painting, the tonsil was so anesthetized that one could stick a knife three centimetres deep into it. The action continued ten minutes after the operation, and then a burning sensation commenced.

Milk in Fever.

Dr. R. W. WHITE thus writes in *Daniel's Texas Medical Journal* for January:

Having noticed several articles lately on the subject of milk in fevers, I have concluded to give you my experience, as it extends over a period of thirty or more years.

I have found sweet milk inadmissible where the fever is high, while fresh butter-milk is not only grateful to the patients, but often soothes them and reduces the fever. Fresh butter-milk has been my principal diet in typhoid fever for over thirty years, and I do not now remember a solitary instance where it disagreed with the patients if they were not prejudiced against it in health.

Tonic Water.

The *American Bottler* says: "Bottle at pressure of 100 to 120 lbs.—Tonic water is quinine dissolved in aerated water, in the proportion of half a grain to each bottle; but some waters will not take it up unless it is dissolved in a small portion of sulphuric acid; this does not injure it, but it will keep longer if the water will take it up *without* it. If requisite, however, to use it, proceed as follows: after dissolving the quinine in water, add the sulphuric acid by single drops, stirring all the while with a glass rod. The quantity of sulphuric acid used should be about one-eighth that of quinine. Bottle the same as soda water."

Feeding per Nares in Dysphagia.

Mr. J. F. BULLAR describes several cases in the *Practitioner*, where this mode of feeding saved life after tracheotomy and in other diseases. So little inconvenience is experienced by the patient, that often the tracheal tubes have been passed through the nose while the child was scarcely awake, sleep following quickly on the withdrawal of the tube. By this means a sufficient quantity of peptonized, or otherwise prepared food may be injected into the stomach every few hours, so securing the administration of a known quantity, causing much less disturbance to the child, even if the mode be objected to, than the constantly forced feeding by means of the spoon.

A Remedy for Endocervicitis.

Dr. J. C. SHIRK writes thus in *The Practitioner*: There is one condition of the cervix uteri which resists all ordinary methods of treatment. I refer to that obstinate form of endocervicitis in which a discharge quite similar to the white of an egg is poured out in great quantities. In all forms of cervical catarrh this secretion is produced more or less, but in the form I refer to the glands are remarkably active, and produce immense quantities of this discharge. As said before, the ordinary forms of astringent and caustic applications will not cure this condition. I have found but one remedy that will cure these cases, namely, an aqueous solution of chromic acid (dr. j. to aqua oz. j.). Four or five applications of this remedy at intervals of a week usually suffice.

Antipyrin in Articular Rheumatism.

The author of this communication publishes the results he has obtained from administering antipyrin in fevers (*Bull. Acad. de Méd. Bel.*, 1885, p. 25, and *L'Union Méd.*, Dec. 17, 1885). He has found its action to be quick, certain, powerful, and sustained, of great value in high temperature. In acute, subacute and articular rheumatism, not accompanied with fever, he has observed that from three to five grammes, given in doses of one to two grammes, with a few hours' interval, have reduced the temperature to the normal standard, and lowered the pulse and produced a considerable improvement in the articular symptoms; sometimes modification of the local condition precedes the lowering of the temperature. In order to prevent a relapse, antipyrin should be administered for eight days after the patient appears to be cured.

Treatment of Cholera by Subcutaneous Injections of Opium.

Dr. GONZALES publishes, in the *Rev. de Med. y Cirurgia Practicas*, Sep. 7 and Oct. 7, a paper giving the good results obtained in various parts of Spain with subcutaneous injections of opium. Holding with Valleix and Semmola that the gravity of the attack depends on the greater or less disorder occasioned by the virus on the vaso-motor nervous system, he thinks that opium is the remedy. He administers it subcutaneously to avoid the uncertainty of absorption of the drug when given by the mouth, and the danger of poisoning from accumulated doses. He uses the extract of opium dissolved in distilled water, 2 to 6 grammes. In Cimpozules, with a population of 3,500, from June 12 to August 22, there were 451 cases and 117 deaths. Of these, 230 were treated with hypodermic injections of opium, and only 22 died; of the 221 not treated in this manner, 95 died.

Kitrana (Wild Cucumber).

At a recent meeting of the Caucasian Medical Society, Dr. IVAN J. MINKEVITCH (*Proceedings of the Caucasian Medical Society*, No. 7, 1885, p. 208) showed the fruits from the wild or squirting cucumber (*Momordica seu Ecbolton Elaterium*: Georgian = *kitrana*; Russian = *Oslinyi ogüretz*, or 'ass cucumber'), the plant growing in abundance in the environs of Tiflis and on the banks of Kura. In Georgian popular medicine, it is extensively used as a valuable remedy for malarial fevers. According to the author, however, the paroxysms are, as a rule, arrested by the drug only temporarily, to return in two weeks or so. As Drs. D. Kh. Lisitzeff and A. P. Astvatzaturoff state, in Kakhétian popular medicine *kitrana* is used as a narcotic, especially serviceable in cases of hydrophobia. The fresh fruits diffuse an intense odor, which causes giddiness and stupefaction.

Naphthalin in Dysentery.

At a recent meeting of the Moscow Military Medical Society, Dr. FALKENBERG reported (*Voënno Sanitarnoë Delo*, No. 40, 1885, p. 446) that he had obtained excellent results from the internal administration of naphthalin, in combination with castor oil, in numerous cases of dysentery. A marked improvement was manifest on the second day of the treatment, complete recovery ensuing in five or six days. In only a few cases it became necessary to resort to other therapeutic means, such as opium, ipecacuanna, etc. The author's statements are energetically supported by Dr. Karelin, who has seen naphthalin "doing wonders" in dysentery which broke out in the Nesvijisky Regiment; and by Dr. Kusmin, who has tried the naphthalin treatment of dysentery in the Infirmary of the Foundling and Lying-in Home (*Vospitatelnyi Dom*), in Moscow. According to the latter observer, the powdered drug acts better than the crystalline.

Naphthol as an Antipruritic.

KAPOSI (quoted in *Union Médicale*, Dec. 15, 1885) recommends a five per cent. ointment of naphthol for pruritus, of whatever degree of severity, with or without eczema. For adults, a friction with the ointment is made every night, and the part is then dusted with starch and covered with a light woolen fabric. Both the powder and the cloth are removed in the morning. For children between

two and seven years old, a warm bath is given every evening or every second evening, the itching parts being at the same time rubbed briskly with a soap containing sulphur and naphthol. The child is allowed to remain in the bath for an hour; he is then washed with toilet soap, dried, and rubbed with a three per cent. naphthol ointment. When decided relief has been produced, which will take place in from one to three weeks, it will be sufficient to resort to the frictions every second or third day.

Arsenic in Lymphadenoma.

In the *Brit. Med. Jour.*, Dr. STEPHEN MONCKTON records the case of a man, aged 57, who suffered from enlarged lymphadenomatous glands in the armpits and groins. The author decided to try arsenic in a new form of pill-preparation carried out at Hamburg, the principle being to invest the drug in keratin or horn-gelatine, in such a way as to render the pill insoluble in the acid fluids of the stomach, while it becomes readily dissolved in the alkaline contents of the upper bowel. A supply of pills was obtained from Bell & Co., each pill containing one-thirteenth of a grain of arsenious acid. The pills were commenced on April 5, and were continued until June 4, at the rate of three a day. During this time the glands everywhere gradually diminished in size; but, unfortunately, just at this time the patient was seized with pleuro-pneumonia and died. The author remarks that he had never seen glands disappear so rapidly under any other treatment.

The Uses of the Liquid Extract of Ergot.

In the *Lancet*, Surgeon BONAVIDA writes a short article on the uses of ergot. Its action in menorrhagia is well known. It is also of great benefit in hæmoptysis and epistaxis. Very few, however, may know that ergot will cure hiccough. The author narrates the case of a policeman in the hospital at Etawah, who was admitted with obstinate hiccough. All kinds of remedies were tried, but nothing seemed to do any good; and, as a last resource, drachm-doses of ergot were given, on the theory that this drug had a decided action on muscular fibre. The first dose moderated the spasm, the second did further good, and the third or fourth stopped it altogether. The patient had some rest, but later on the hiccough returned. Three or four doses of the ergot stopped it again, and it did not return. Another case occurred some months later, and the same treatment was adopted, with similar results.

Hydrastis Canadensis in Metrorrhagia.

Dr. A. J. AKULOFF, of Vilna, details (*Proceedings of the Vilna Medical Society*, No. 9, 1885, p. 6) the case of a married woman, aged 42, who had been for nine years suffering from profuse flooding occurring every two weeks. Treatment by intra-uterine injections of perchloride of iron, and subcutaneous injections of ergotine, had brought no improvement. On examination, there were found dilatation of the cervical canal, enlargement, hardness, and impaired mobility of the womb, considerable distension of the cervical veins, and numerous easily bleeding erosions, scattered over the whole mucous membrane of the cervix. Fluid extract of *Hydrastis Canadensis*, in doses of twenty minims three times daily, was given

for about three months. The first catamenia were yet profuse, lasting about ten days; but, subsequently, they returned only once a month and lasted each time three days, the amount of blood being moderate. A decrease in the bulk of the womb was also noted by the end of the three months' treatment.

Brown-Sequard's Mixture for Epilepsy.

L' Union Medicale (Medical News) writes:

Take of Iodide of potassium.	8 parts.
Bromide of potassium.	8 "
Bromide of ammonium	4 "
Bicarbonate of potassium	5 "
Infusion of calumba.	360 "

Dissolve. A teaspoonful before each of the three principal meals, and 3 dessert-spoonfuls on going to bed. The solution should be given diluted in cases of idiopathic epilepsy.

If the pulse of the patient is feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of calumba there are substituted 90 parts tincture of calumba and 270 parts of distilled water.

The Effect of Beverages on Digestion.

Some experiments on a large butcher's dog, with reference to the effects of sundry beverages on digestion, have, says *Nature*, been recently described in the *Archiv für Hygiene*, by Signor OGATA. The observations were made by means of a gastric fistula, which had become entirely healed. The subject of the experiments was supplied with a diet of horse-flesh and ox-blood fibrin. The following conclusions, which, it is suggested, may not be strictly applicable to man, accustomed to the drinks named, were reached—1. Water, water containing carbonic acid, tea and coffee in moderate amount, do not disturb digestion. 2. Beer, wine, and brandy retard digestion considerably at first, till absorbed; and in the case of beer, the extractive matters act as well as the alcohol. Thus beer retards digestion more than wine containing the same quantity of alcohol. 3. Sugar (cane and grape) retards digestion considerably. 4. Common salt accelerates it considerably.

Cocaine in Disorders of the Nervous System.

In the *New York Medical Record*, a paper by Dr. JEROME BAUDUY records his experience of the use of cocaine. Cocaine, says Dr. Bauduy, not only replaces alcohol and morphine, but creates a positive disgust for these agents, enabling them to be withdrawn completely and at once, without any difficulty, the cocaine itself being easily discontinued. If the hypodermic treatment pass out of the doctor's hand, a cocaine habit is created, a habit more dangerous and disastrous than morphinism or alcoholism. In the obstinate vomiting of hysteria, or pregnancy, cocaine acts like a charm; and, indeed, all the anomalous symptoms of hysteria yield to the action of cocaine, if used hypodermically. In all cases where the brain or spinal cord act imperfectly, cocaine is the sheet-anchor. In the cold stage of ague, Dr. Bauduy has secured the happiest results. It is in cases of

insanity that Dr. Bauduy looks for the greatest triumphs of this new drug, especially in hypochondriacal insanity. In mania, too, its action is prompt and decisive.

Rectal Alimentation.

In the *Brit. Med. Jour.*, January 30th, Dr. A. D. MACDONALD reports the case of a patient who suffered from vomiting in pregnancy, nothing whatever taken, or attempted to be taken, by the mouth being tolerated for fifteen days, dating from November 26th. During this period her only nourishment was two teaspoonfuls of Messrs. Barff and Wire's kreochyle, given by the rectum in a small tablespoonful of nearly cold water every two hours. There was no intolerance, and the patient expressed herself as feeling satisfied. The sensation of thirst was more formidable than that of hunger, but was combated tolerably successfully by separate water enemata, and by rinsing the mouth with a mixture of glycerine and water (1 to 5) flavored with tincture of lemon. As the power of gastric digestion returned, the use of the water enemata was entirely suspended, and the nutrient enemata were proportionately diminished in frequency. The patient is now as well as a pregnancy at the fourth month permits her to be.

Hot Water in Acute Prostatitis.

In *Lyon Médical* we find a recommendation of the use of hot water in cases of acute prostatitis. Two cases in point are cited, in which the violent inflammatory phenomena were subdued within a few days.

In the first instance sudden dysuria became established in the case of a gonorrhœa. An enormous tumefaction of the prostate was found on palpation per rectum. A large swelling with smooth surfaces, of considerable hardness and pulsating under the examining finger, was made out. The suffering was intense. At once compresses wrung out of hot water were applied to the perineum, and hot enemata were given and ordered retained. The pain, the vesical and rectal tenesmus and dysuria, became lessened at once. The swelling subsided, and recovery was perfect at the end of the third day.

In the second case the same success followed rectal injections of hot water that were made at night and in the morning, together with hot water compresses applied to the perineum throughout the day.

Action of Kava.

Dr. LEWIN read a paper on kava, or rather kava-kava, before the Berlin Medical Society, on December 16th. The plant, the botanical name of which is *Piper methysticum*, comes from the Pacific Islands, and is there used by the natives on all festive occasions. European residents have also become kava-drinkers more or less, especially in the Fiji Islands. The effects vary extremely according to the dose. The first effect is a feeling of comfort and freshness, associated with tranquillity. Fatigues are better endured, and the mind is clearer. After larger doses, a state of happy indifference ensues, passing into a dreamy partial unconsciousness, without excitement at any stage. Excessive doses cause paresis of the limbs, nervous tremors, and somnolence. Dr. Lewin has been experimenting on animals for the past two years with kava. He finds two chief resins, one

being soluble in alcohol, and only barely soluble in water. This "a-resin" has the chief properties of kava, and its chief effect on frogs is the abolition of the perception of peripheral irritation, a general anæsthesia. This arises from lowered excitability of the ganglia of the spinal cord.

The Japanese Moxa.

Dr. BÆLZ, a physician in the service of the Japanese Government, in a recent paper (*Nature*) on the physical qualities of the Japanese, says that on the bodies of almost every Japanese, and sometimes on every part of the body, one sees round, white spots. These are the moxa scars produced by burning the skin with a species of plant, with the object of curing some affection. This is a universal popular specific in Japan, which is its home, although moxæ are used elsewhere. It was introduced from Japan to Europe by the Portuguese and Spaniards, and the name is Japanese. In May the leaves of the *Artemisia Chinensis* are powdered and dried, and the mass cut into small pieces. One of these is laid on the body and set on fire, burning slowly. At first it naturally produces a sore, more or less deep, according to the intensity of the heat, leaving the scar forever. The belief in the efficacy of this process is universal, and, Dr. Bælz thinks, not altogether misplaced, for the moxa acts much as our blisters do. Moreover, from the accounts of those who have gone through the cure, it is by no means so painful as one would anticipate from the heroic nature of the remedy.

The Influence of Milk-Diet on the Excretion of Albumen in Chronic Nephritis.

In view of the fact that milk-diet had been emphatically recommended by many observers (Senator, Sparks and Bruce, etc), Dr. A. S. TRUBATCHEFF (*Vratch*, No. 46, 1885, p. 763) undertook a series of comparative observations on four patients with chronic nephritis (three with the parenchymatous, one with the interstitial form), each of whom received ordinary hospital diet during one period, and either mixed or pure milk-diet during a subsequent period of equal duration. The results were as follows: 1. An exclusive milk-diet invariably led to a marked increase of the daily and percentage amount of albumen in the urine. 2. The patient's weight fell considerably, without any marked change in his dropsical state. 3. A mixed milk-diet also led, in the majority of cases, to an increase in the daily and percentage amount of the albumen excreted. 4. Neither pure nor mixed milk-diet produced any marked increase in the amount of urine. The author now studies the assimilation of protein by nephritic patients receiving milk-diet, which study will enable him to settle the question of "good or harm" of the treatment.

Pyrogallic Acid in Skin Diseases.

Dr. CHARLES W. ALLEN thus concludes a paper in the *Jour. Cut. and Ven. Diseases* for January:

In conclusion, then, we find that in pyrogallic acid we have a drug valuable not only in psoriasis, for the treatment of which affection it was first introduced, but furnishing one of the means of combating other and more serious diseases.

That its application is not without dangers both to the general system and to the body's healthy surface. That it is capable of producing death in the one case, and extensive sloughing in the other. That although the application of the drug in its full strength as a powder is efficacious, it is attended with some disadvantages. The crystals should be powdered before being applied.

For many cases a well-made fixed dressing, which adheres nicely to the part, possesses advantages which make it preferable to other applications. This is especially true of lesions of the face and hands.

The intensity of the effect produced appears to be in a measure proportionate to the thickness of the layers of fixed dressing painted upon the parts.

Ferrated Syrup of Oranges.

The *National Druggist* for February says: "Last peach season we gave a formula for a ferrated syrup of that fruit, and now give one for an agreeable iron syrup that can be made in winter:

Ten small oranges are cut up and placed in a glass flask or porcelain capsule, with 75 grams of iron turnings and some warm water. The mixture is closely covered and left standing for twelve or fifteen days at a temperature of 25° or 30° C. (77° to 86° F.), being stirred occasionally. At the end of this time it is pressed through linen and then filtered through paper. Half a kilo of sugar is now added to the clear but slightly colored liquid, and the whole evaporated in a porcelain dish at a very gentle heat to the consistency of a syrup. It is taken from the fire, and 75 grams of lemon-water added. When cold it is put in bottles and tightly corked.

This orange-iron syrup has a yellowish-brown color, is clear, has a sweet taste, and the odor of oranges. It is entirely lacking in the peculiar flavor of most iron preparations. Our authority does not mention the dose."

Bisulphide of Carbon in Diarrhœa.

According to M. DUJARDIN-BEAUMETZ, (*Progrès Med.*) bisulphide of carbon deserves to have a wider therapeutic application than it now possesses. The poisonous intoxicant qualities, which have led to serious accidents during its manufacture, appear from recent experiments by this observer to be minimized by prolonging the process. He has also been led by the evidence which these afford to regard this substance, when well diluted with water, as a valuable anti-septic agent in infectious forms of diarrhœa, particularly in that of typhoid fever. His formula is the following:—

Bisulphide of carbon,	25 grammes
Essence of mint,	50 drops.
Water,	500 grammes.

The mixture is placed in a vessel of about 700 cc. m. measurement, shaken, and allowed to stand till all deposit has been thrown down. When any of the fluid is drawn off, care must be taken to add water in like quantity to the remainder. Four to ten tablespoonfuls of this solution should be taken throughout the day. Milk is a suitable medium for administration.

Feeding and Starving in the Treatment of Disease.

In the *American Practitioner* Dr. YANDELL gives some interesting notes of personal experience of a severe attack of typhoid fever. For nine weeks, the author states, he was delirious, the whole of which time remained a blank except in one particular—viz., food, to which a distinct aversion was recollected. From personal experience he states that food was often given to his detriment, and always against his inclination. Since this attack he says he has made several short fasts, in the hope of wearing out a rheumatism. On one occasion he took only three glasses of water a day for eleven days, and felt no inconvenience from the abstinence. During the last few months, the author treated five cases of typhoid practically without food—that is, without food except when called for, or when delirium was present, and then only when it was not refused. One case occurred in the person of a young man, who went seventeen days on two or three glasses of water each twenty-four hours. On the morning of the eighteenth day he had some chicken-soup, and a day or two afterwards his appetite returned, and he made a good recovery. In the other cases the abstinence was not so protracted, but food was given to none until it was acceptable, and all went through their attack with less trouble than those who were plied with food. When food is given, milk peptonized by Fairchild's process is more digestible than plain milk, and the beef peptonoids of Reed and Carnrick are usually an acceptable and easily assimilated food.

Smirnoff on the Treatment of Syphilis by Subcutaneous Injection of Calomel.

At a meeting of the Helsingfors Military Sanitary Society, Professor SMIRNOFF made a communication (*Vöenno-Sanitarne Delo*, No. 29, 1885, p. 319) on the treatment of syphilis after the method recommended about twenty years ago by Professor Scarenzio, of Padua, and somewhat modified by the author. Dr. Smirnoff uses calomel suspended in glycerine, after the following formula: R. Calomelanos per vaporem parati, grana xii; glycerinæ, zij. Misce. Ad vitrum nigrum. He introduces the mixture under the skin by means of an ordinary Pravaz's syringe, eight and a half divisions of which must contain exactly 10 centigrammes of calomel. He injects 20 centigrammes at a sitting, 10 centigrammes into each buttock, at a point one inch backwards from the great trochanter. The injections are repeated every two weeks. Women being more susceptible to the action of mercury, the author uses in them on subsequent occasions only one ten-centigramme dose (while in men he invariably injects two similar doses). As far as the author's experience goes, in primary and secondary syphilitic forms the new method proves as effective as mercurial inunctions; while in tertiary (even in inveterate) cases it even surpasses the inunctions. The author never saw formation of abscesses in male cases, and very seldom observed suppuration in women. Drs. Saffientini, of Padua, and Batraszewski, of Warsaw (who tried Scarenzio's method in seventy cases), Muenggren, of Stockholm (100 cases), and Louis Julien, of Paris, are also favorably impressed with this simple and rapid plan of the treatment. Cure follows after two or three sittings.

The Treatment of Bronchial Asthma at Mont Dore.

Dr. EMILE EMOND, in the *Lancet*, reports two cases illustrative of the value of the Mont Dore treatment for asthma, especially in its catarrhal or humid form. Dr. Emond alleges that the waters can be "sedative, excitant, derivative, even substitutive, according to the mode of application and the duration of the treatment." First, water is taken as drink; it gives an increased action to the nutritive functions and the circulation. Next, the inhalation of vapor has proved most valuable in bronchial spasm, due possibly to the vaporised arsenic and carbonic acid contained in the waters. The half baths of the Pavilion at 110° produce wonderful effects. On leaving, after a bath of five to twelve minutes, a feeling of comfort succeeds almost immediately to the general excitement, the body is covered with perspiration, and the breathing returns to its normal condition. Lastly, the spinal douche, largely used, stimulates the vaso-motor nerves, re-establishes the skin functions, and produces the best results. A sedative influence is the most marked effect of the Mont Dore treatment, which, combined with their local resolvent action upon congested mucous membranes, make these waters most valuable in treating both spasmodic and catarrhal asthma. Thénard stated in his note to the Académie des Sciences, "One cannot doubt that it is to the presence of arsenic that one ought to attribute the powerful action of this water upon the animal economy."

Erysipelas as a Curative Agent.

Dr. BIEDERT, of the Hagenauer Hospital, has lately published (*Deuts. Med. Zeit.*, No. 5) an interesting case showing the effect of an attack of erysipelas on the course of a slowly-growing sarcoma. The patient was a girl, aged eight years, who presented herself two years ago with a tumor, of the size of a hen's egg, in the left tonsil; an operation was advised, but refused. Three months ago, the child was again brought, and the growth was then found to involve the whole posterior half of the buccal cavity, including the tongue, which, moreover, presented an ulcerating mass at its apex on the left side; it had also involved the nasal cavity and the right eyelids. The general condition was serious, there being inability to swallow, and great dyspnoea, which was so urgent that tracheotomy was performed on November 14th, 1885. The patient was put in a bed lately occupied by an erysipelatous patient; and, though the bed had been disinfected and clean bed linen used, an attack of erysipelas supervened in three days, beginning round the right eye. The attack was severe (temperature 104° Fahr.), and was allowed to run its course—six days; at the end of which time the growth had disappeared in every part, except two nodules of the size of a pea, in the right upper lid and the nostril; these were afterwards excised. There was no infiltration of the throat and tongue, but much puckering and scarring. After the attack, the tracheotomy-tube was removed, the child regaining its appetite and strength. Up to the beginning of this year, there was no recurrence of the growth in any part. A further account of the course of the case is promised. Dr. Biedert remarks that the dispersion of the growth may be due to the micro-organisms of erysipelas destroying either the tissue of the sarcoma or an unknown sarcoma-microbe. The presence of inflammation, which is itself a destroying influence, is not taken into account.

Pichi, or Fabiana Imbricata, in Diseases of the Urinary Tract.

The pichi or fabiana imbricata of Ruiz and Pavon is an ornamental shrub, common in Chili and the Argentine Confederation. In growth it resembles a pine, the resemblance being strengthened by its camphorated resinous odour. The white flowers, in large terminal racemes, however, show it to belong to the *Solanaceæ*. It contains: 1. An aromatic essential oil, greenish in color, solidifying soon on exposure to the air; 2. a resin saponifiable by alcoholic solutions of soda and potash colored red by sulphuric acid and nitric acid, the red changing to yellow with the latter acid; 3. a fluorescent substance, dichroic, very similar to esculine and its congeners, taviin and fraxian, crystallizing in acicular groups, soluble in ether, in alcohol at 80°, and slightly in cold water. It is especially useful in acute or chronic catarrh of the bladder, due to the mechanical irritation of gravel or calculi or to the uric acid diathesis. It rapidly modifies the urinary secretion, calms the irritability of the bladder, and favors the expulsion of the gravel or calculi. It also cures chronic mucous or purulent secretions. Its efficacy in liver-diseases is chiefly due to its powers as a diuretic, and for the same reason it is useful in jaundice, dropsy, and dyspepsia due to deficiency of the biliary secretion. The aromatic oil stimulates secretion generally, but especially that of the kidneys. A fluid extract may be used, containing twenty grammes in each tablespoonful, four to six tablespoonfuls in water to be given daily.

Tobacco.

From the *Lancet*, January 30, we learn that the trustees of the Fiske Fund at their last annual meeting announced that they had awarded the prize to an essay on the "Physiological and Pathological Effects of the Use of Tobacco" bearing the motto "Quid nimium probat, nihil probat." The author was found to be Dr. H. A. HARE, of Philadelphia. The conclusions at which the author has arrived are thus summed up: Tobacco-smoking does not decrease the urine eliminated, but rather increases it; tobacco does retard tissue waste; tobacco and its alkaloid cause convulsions in the primary stage of the poisoning by depressing the reflex inhibitory centres in the cord; it causes the palsy of the second stage by paralyzing first the motor nerve trunks and then the motor tract of the spinal cord; the sensory nerves are not affected by the drug; nicotine contracts the pupil by stimulating the oculo-motor and paralyzing the sympathetic, this action being peripheral; nicotine first lowers the blood-pressure and pulse-rate, secondly increases pressure and rate, and finally decreases pressure. The preliminary lowering of pressure and rate is due to pneumogastric stimulation, associated with vaso-motor dilatation; the second stage is the result of vaso-motor constriction and pneumogastric paralysis; the third is due to vaso-motor dilatation returning. Death by poisoning from this drug results from failure of respiration, the action being on the central nervous system. The blood-corpuscles are broken up and crenated by the action of the poison. In death from nicotine-poisoning the blood shows changes in the spectra. Death can be brought about by cutaneous absorption of nicotine. Tobacco increases intestinal peristalsis in moderate doses, and produces tetanoid intestinal spasms in poisonous ones. The liver appears to destroy the poison, although this destruction is participated in by

every set of capillaries in other parts of the body. Tobacco-smoking increases pulse-rate and decreases arterial pressure

The Internal Administration of Antiseptics.

The administration of antiseptic drugs, either as prophylactics or as remedies, has been frequently resorted to in the treatment of infective diseases, but not hitherto with an amount of success which has encouraged the profession at large to adopt the method. Some experiments, however, which Dr. THEODORE CASH is now conducting for the Local Government Board of England, appear to justify the hope that this line of treatment may eventually be useful. In a communication recently made to the Physiological Society, he stated that he had been led to test the influence of perchloride of mercury, because it was retained in the body for some days after its administration had ceased, and because it was still a powerful germicide even when very greatly diluted. He found, in an experiment on a rabbit, that, after a quantity of perchloride of mercury, equal to about 8 milligrammes per kilogramme of body-weight, had been injected hypodermically, in divided and highly diluted doses in the course of seven days, the animal only suffered a passing disorder after inoculation with a virus of anthrax which killed another rabbit in twenty-four hours. The animal, moreover, was found to be protected against further inoculations with virulent anthrax. A smaller dose (equal to about 5 milligrammes per kilogramme of body-weight) was found to delay, but not to prevent, the onset of the disease. The number of bacilli found in the blood after death in such a case was very small, but it was found that their virulence had not been diminished, the blood of the animal producing an unmitigated and unmodified attack of anthrax in other animals.

Treatment of the Chronic Gouty Finger.

Dr. JOHN KENT SPENDER thus writes in the *Brit. Med. Jour.*, February 13: A valuable suggestion by Dr. Illingworth (*Lancet*, October 13th, 1883,) on the application of a light splint to the back of a finger afflicted with whitlow, made me think that the same plan would be helpful to any finger in which the acute effervescence of the gouty paroxysm had passed away, leaving a chronic œdema or thickening, or small ulcers with "chalky substance" lying in them. These little ulcers are slow to heal; rude stimulating applications provoke them to anger; poultices and compresses keep them in a sodden, lazy state, antagonistic to all healthy action. Side by side with the ulcers are often petty nodules of gouty concretion, pale or purple, and likely to inflame, if injured by any of the traumatic chances of daily life. Now, to keep the finger at rest and in seclusion is to keep it away from harm, to quiet local heat, and to help local repair. Make a paper splint with mucilage of acacia, mould it while moist to the front of the finger, wrapping it a little around the nail, and retain it in position by a few turns of very narrow plaster; over all, put a light muslin protection, like the loose finger of a glove, allowing free access of air; renew the splint night and morning for the sake of cleanliness; and apply a new splint every three or four days.

The exceeding comfort of this plan is best appreciated by those who have tried and enjoyed it. By keeping the finger always straight, an obstacle to the healing

of the gouty ulcers is at once removed ; inflammation is subdued, and other awkward contingencies are prevented. The little useless member is interred for its benefit, instead of dangling about and frustrating the offices of its comrades. The fetters may be taken off in due time ; gentle friction restores disused tendons and muscles ; and the finger will again assume its place in the honorable society of digits, to perform its functions until the next attack of gout lays it low.

Carbolic Enemata in Typhus Fever.

The results which had been obtained from carbolic enemata in typhoid fever by Desplats, Van Oye, and Romanet, induced Dr. A. P. SOLONOFF, of the Irkutsk Military Hospital, to try the same plan in six cases of typhus fever (*Proceedings of the Eastern Siberian [Irkutsk] Medical Society*, 1885, p. 92). The treatment commenced from the third, fourth, sixth, seventh, and eighth days of the disease, and consisted in the administration of two enemata, at intervals of two hours daily ; each enema being made of two ounces of a 1 per cent. solution of carbolic acid (that is, containing 10 grains of the acid). The results, as drawn from observation of the action of fifty enemata, are these : 1. Carbolic enemata, made of two ounces of a 1 per cent. solution, do not produce any tenesmus, the whole amount being absorbed by the rectal mucous membrane. 2. They invariably bring about a depression of the febrile temperature, amounting from 0.2° up to 1° C. [The author never saw any considerable falls, such as 2° or 3° C., which had been noted by Desplats and Romanet.] 3. The decrease begins in about fifteen minutes after the injection, and lasts two hours, or even longer. 4. The depression caused by an enema may be kept at a given level by administering a second enema two hours later. 5. The antipyretic effects of simple cold water enemata ($1\frac{1}{2}$ pounds) are equal to, or even surpass, those of the carbolic injections ; but the former are sometimes soon ejected by the rectum, and then, naturally, do not produce the action desired ; moreover, in some cases they cause, after a temporary fall, a considerable elevation of the temperature. 6. In view of their technical simplicity and cheapness, carbolic enemata deserve a preference to the quinine treatment ; the latter drug, in small doses, is entirely inactive in typhus fever (as well as in typhoid). 7. Carbolic enemata are, as to their antipyretic action, by far inferior to cold and prolonged lukewarm baths, and must be resorted to only when the baths are either impracticable or contra-indicated by the patient's state. 8. No toxic action was observed, though the daily dose of carbolic acid was as large as twenty or even thirty grains.

Turpine as a Therapeutic Agent.

A correspondent thus writes to the *Brit. Med. Jour.* : Turpine is a hydrate of turpentine ($C_{10}H_{16}O$), and is more commonly known as turpentine camphor. It is obtained by treating the oil of turpentine with nitric acid and alcohol. It is crystallizable, and has the color and taste of ordinary camphor, but it is less pungent, and somewhat less terebinthinate. Dr. R. Lépine, of Lyons, has lately been making a series of experiments with this substance among his hospital patients, with what appeared to him very satisfactory results. Speaking roughly, its action resembles that of turpentine, but it is more active, consequently it must be employed in smaller doses. Dissolved in water or alcohol, its

taste is by no means disagreeable, and it agrees very well with the majority of patients. In doses of from four to twelve grains, turpine increases the bronchial secretion, and, by rendering it more fluid, facilitates its expectoration. In cases of subacute and chronic bronchitis, turpine generally benefits the patient; in fifty cases so treated, all the patients without exception wished the treatment to be continued. If the dose be increased, the bronchial secretion is, on the contrary, diminished, and this action may be of service in bronchorrhœa, although further observation as to this is wanting. In moderate doses turpine acts as a diuretic, and is very valuable in a certain class of cases where the quantity of urine is below normal; but of course it must be administered cautiously, if at all, in Bright's disease. In albuminuria, moderate doses of turpine diminish the quantity of albumen, and the symptoms often improve. In people with healthy kidneys, twenty-grain doses do not cause any untoward circumstances, though the excretion of urine may be curtailed. Its action on the nervous system is the same as that of large doses of the essence of turpentine. Given in large doses (one to three drachms) to dogs, hæmaturia and albuminuria result, the action of the drug appearing to be mainly on the kidneys. The best way to administer the drug is to prescribe the alcohol solution in a syrup or other convenient vehicle. When in larger dose, it is well to combine it with an astringent, to prevent any diarrhœa. The tincture of catechu is very suitable with this end in view. It is, moreover, apt to cause nausea in some patients. To sum up, turpine is preferable in the majority of cases to the essence of turpentine; "it is," says Dr. Lépine, "an excellent diuretic, acting on the renal epithelium, and has a useful effect on the bronchial mucous membrane, augmenting or decreasing the secretion according to the dose."

Agaricin in the Night Sweats of Phthisis.

The *Lancet*, January 30, says: The action of agaricin in arresting or modifying the sweats of phthisis was known to De Haen as early as 1767. It has since been employed by various observers for this purpose—Barbut, Andral, Trousseau, and Peter in France; Seifert, Proebsting, Pribram, Piering, and Senator in Germany; and Wolfenden, Murrell, and Young in Great Britain,—with more or less success. A series of observations has recently been published by Dr. VITALI MILLER, of St. Petersburg, on seventeen cases of phthisis in which night-sweats were a prominent feature. In the majority of cases doses of from one-twelfth to one grain (a Russian grain is equal to .996 of an English grain) produced a decided diminution in the sweats, in some cases arresting them entirely. Generally there were no concomitant unpleasant symptoms; but in a few instances some disturbance of the primæ viæ was set up, tending to justify the dictum of the old physicians, "Cutis laxa, alvus sicca; cutis sicca, alvus laxa." There were, however, cases in which even two-grain doses failed to produce any impression on the perspiration. Of the seventeen cases observed, a more or less decided diminution of the sweats was produced in twelve, while in the remaining five little or no effect could be detected. In one of these five, two-grain doses produced absolutely no effect. In another, although the first two doses produced arrest of the sweating, the succeeding five doses, which were larger, were followed by no diminution. In another case, in which agaricin was given for ten nights, complete arrest occurred twice

and diminution three times, but on the remaining five nights no effect at all was observed. In another case, where the drug was given for four nights, there was arrest one night, and increase the next night, and very profuse sweats on the subsequent two nights. In another case there was only a very slight diminution produced. With regard to the twelve cases in which more satisfactory results were obtained, the following figures give the number of nights in which sweating, in each case in regular order, was diminished—6, 2, 0, 4, 5, 4, 6, 3, 1, 1, 3, 3. The nights in which the sweats were arrested were—0, 2, 4, 3, 5, 2, 4, 7, 3, 4, 3, 5; and those in which there was no diminution—4, 0, 3, 2, 3, 0, 1, 2, 3, 2, 1, 0.

Ointments with Lanolin as the Basis.

In the *Brit. Med. Jour.*, February 13, Dr. OSCAR LIEBRICH gives us the following formulæ for ointments made with lanolin, the new ointment basis:

1. R Argenti nitratis partem 1; lanolini partes 9. This ointment is somewhat solid; good to be spread on charpie.
2. R Cerussæ partes 30; adipis partes 10; lanolini partes 60.
3. R Emplastri plumbi simplicis partes 50; olei olivarium partes 20; lanolini partes 30. This salve appears solid, but becomes pliant as soon as brought into contact with the skin. In eczema, it should be heated until the water has evaporated.
4. Emplastri plumbi simplicis, lanolini partes æq. As an ointment, this form is too solid, but useful as a plaster.
5. R Hydrarg. præcipitati albi partes 10; adipis partes 10; lanolini partes 80.
6. R Hydrarg. oxydati partes 10; lanolini partes 90. When used as an eye-salve add 30 per cent. of fat.
7. R Liquoris plumbi subacetatis partes 8; adipis partes 10; lanolini partes 80.
8. R Zinci oxydi partes 10; adipis partes 10; lanolini partes 80.
9. R Cinnabar partes 10; adipis partes 10; lanolini partes 80.
10. R Hydrargyri partes 50; lanolini partes 12; unguenti hydrarg. cinerei partes 2.5; sebi ovilli partes 25; lanolini partes 87.5,—according to the formula of Dr. Dieterich.
11. R Potassii iodidi partes 20; aquæ partes 10; adipis partes 20; lanolini partes 150.
12. R Cetacei partes 10; olei olivarum partes 30; lanolini partes 40; aquæ rosarum partes 50.
13. R Iodoformi partes 10; adipis partes 10; lanolini partes 80.
14. R Chrysarobini partes 10 and 20; adipis partes 10; lanolini partes 80.
15. R Picis liquidi partes 20; lanolini partes 80.
16. R Balsami Peruviani partes 10; olei terebinthinæ partes 20; lanolini partes 70.
17. R Acidi boracici partes 10; adipis partes 20; lanolini partes 70.
18. R Acidi carbolicæ partes 5; adipis partes 5; lanolini partes 90.
19. R Acidi salicylici partes 10; adipis partes 20; lanolin partes 70.
20. R Naphthol partes 5; adipis partes 10; lanolini partes 85.
21. R Lanolini, butyri cacao, aa partes 50; adipis suilli partes 5; olei rosarum gr. iij.—A hair pomade.

The Continuous Administration of Thallin and its Effects in Typhoid Fever.

Drs. EHRLICH and LAQUER, in Nos. 51 and 52, 1885, of *Berlin. Klin. Wochenschrift*, call attention to the virtues of thallin, first introduced into practice by Jaksch. They assert that in many cases of typhoid, whose history is given, a perfect defervescence was brought about on an average of four or five days' treatment. Some of them have proved rebellious to quinine and cold baths. They have discovered that profuse sweats, rigors, and collapse, the disagreeable concomitants of dosage with thallin, can be absolutely prevented by using moderate doses very frequently repeated, and that "thallinization" may be kept up for days or weeks, if necessary, without danger. They call attention to the fact that thallin salts contain very different percentages of the medicine—the sulphate 77, the tartrate 52, and the tannate 33 per cent.; they have preferably used the tartrate, and when diarrhœa was profuse the tannate; it should be given in pill form, as the taste is not agreeable. It is of importance to determine by preliminary trials the personal equation of each patient with regard to thallin, and the dose discovered which will reduce the temperature from 39.5° to 38° or 38.5° , and keep it there for a few hours; this quantum found out, may then be given without fear of unpleasant effects for days or weeks, of course under constant control of the thermometer. It is best to begin with a minimal dose of .04–.06 of a gramme hourly, and increase by centigrams every second or third hour till the dose has been discovered that will reduce the temperature above mentioned. The pills should be given hourly during the day, and every second hour during the night. The authors believe that thallin in this disease has a specific as well as an antipyretic virtue:

1. Because of its typical and progressively increasing influence over the temperature.

2. Because the cases brought to an end in a few days, so far as temperature is concerned, were not specimens of slight fevers, or of those having a tendency of themselves to abort, as evidenced by the continuance, after the somewhat precipitate defervescence, of splenic enlargement, diarrhœic stools and diazo-reaction.

Trials made of this drug in intermittents and joint rheumatism were not successful, but in erysipelas and pneumonia better results were obtained.

The Treatment of Infantile Paralysis.

The *Brit. Med. Jour.* says: The clinical features of the common and distressing affection known as infantile paralysis, essential paralysis, and progressive paralysis, are familiar to everybody, but the treatment has always been difficult and uncertain. In a lecture recently delivered by Dr. WILLIAM MURRELL, a plan of treatment has been formulated which, it is to be hoped, may prove as successful in other hands as it appears to have been in his own. The treatment consists essentially in the administration of aconite during the acute stage while fever is present, followed, after the lapse of three or four days, by physostigma, combined still later with suitable doses of phosphorus. So much for the medicinal part; but, simultaneously with the latter portion of the treatment, recourse must

be had to massage, not the massage ordinarily in use, which frequently proves inefficacious, but a massage conducted on the scientific plan laid down by Metzger, of Amsterdam, and Von Mosengeil, of Bonn. This process is divided into four forms, or graduations, first, *effleurage* (surface rubbing); secondly, friction, a more vigorous application of the preceding than the *pêirissage* (kneading); and, finally, *tapotement*, which is a form of percussion. When the cases are taken in hand early, a marked improvement is promptly perceived, the temperature of the affected limb approaches the normal, and the nutrition of the tissues acquires a fresh stimulus. How massage applied to the limbs can affect the pathological processes in the spinal cord is not quite clear; but it would seem that, if the nutrition of the paralyzed limbs or groups of muscles can only be maintained for a sufficient length of time, other motor nerve-cells in the anterior cornua of the cord may be called into play. This view is not without a clinical parallel in the subsequent acquirement of the faculty of speech by patients whose previously existing centre has been destroyed by hemorrhage, embolism, or thrombosis. It is essential that the massage should be conducted on a dry skin, with dry hands; and it is not altogether improbable, under these circumstances, that, as Reikmayer of Vienna suggests, the current of electricity so created may be one of the factors in the results obtained. The massage should only be resorted to by the advice and under the supervision of a medical man, as indiscriminate massage is not only likely to be useless, but may be positively injurious. Combined with the foregoing scheme of treatment, recourse may be had to such further adjuncts as hot pine-baths, the hypophosphites, extract of malt, and cod-liver oil, etc.

On the Neurotic Treatment of Catarrh.

Before the Harveian Society of London, Dr. Lees read a paper on this subject. He limited the word catarrh, in his paper, to its original meaning of coryza, and pointed out the many troublesome and even disastrous results which might ensue from a neglected cold, and the unsatisfactory nature of a merely diaphoretic treatment. He defined catarrh as a neurosis of the vaso-motor nerves, excited in a reflex manner by impressions of cold on the cutaneous nerves. He pointed out that congestion and hyperæsthesia of the nasal mucous membrane was a result of this vaso-motor paralysis, and that, conversely, there were reasons for thinking that a morbid irritability of this part might itself excite catarrh; an illustration of this latter process being found in hay-asthma. The question of the origin of catarrh from germs was considered, and the arguments in its favor stated, including the undoubted contagiousness of some colds, and the analogy of such diseases as influenza, measles and whooping-cough. But to ascribe all catarrhs to germs was premature and probably incorrect. Catarrh being a neurosis, relief must be sought by the aid of neurotic remedies. The indications for treatment are three: to quiet the excitement of the central nervous system, to soothe the local congestion and hyperæsthesia of the nasal mucous membrane, and to arrest the flux, if it had already commenced. The first indication was to some extent met by opium, but much more satisfactorily by a full dose of bromide of potassium, and this drug had the further advantage of great safety. The second object was easily accomplished by painting the interior of the nose with solution of hydrochlorate of cocaine. The arrest of the flux was to be accomplished by the administration of

belladonna, a drug whose first obvious physiological action was to cause dryness of the mouth and throat. The author had found the following method promptly and permanently successful in cutting short a cold. From forty to sixty grains of bromide of potassium were given at once, the dose being repeated in six hours, and again, if necessary, six hours later; and twenty drops, equal to fifteen minims, of tincture of belladonna were also given every hour, or every two hours, until the throat felt a little dry. Painting the nasal mucous membrane with 4 per cent. cocaine-solution gave great relief, and might even by itself suffice to arrest a cold. Dr. Lees concluded with the account of a case in which ten grains of bromide of potassium, with eight minims of tincture of belladonna, had in less than forty-eight hours completely arrested a very pronounced nasal and pulmonary catarrh, with much dyspnoea, in a highly rickety child aged four, whose chest was much deformed; and he suggested that, from the known danger of this condition in such children, it was not improbable that, in this instance, a life had been saved by the adoption of a neurotic treatment of catarrh.

The Bark of Remijia Purdieana and its Alkaloids.

Der Fortschritt communicates an analysis of a paper by M. C. HESSE, originally published in Liebig's *Annalen der Chemie* and in the *Bulletin de la Société Chimique*. The bark of the Rimijia Purdieana, the author states, has been brought into use in consequence of the increasing demand for that of Quina cuprea, which it closely resembles in appearance. It contains, however, different alkaloids; whilst the bark of Quina cuprea yields quinine and homoquinine, from that of Remijia Purdieana, cinchonine and a new alkaloid, cinchonamine, which has lately been discovered, and described in the *Comptes Rendus* by M. Arnaud, are extracted. Besides these, the author succeeded in obtaining from this bark several new alkaloids, viz., concusconine, chairamine, conchairamine, chairamidine, and conchairamidine. The bark contains 2 to 3 per cent. of these alkaloids. They are separated by extracting the bark with boiling alcohol, distilling this alcoholic extract, and again extracting the distillate with ether after addition of soda. On agitating the ethereal extract with an excess of diluted sulphuric acid, a pale yellow clotty mass will separate (*a*) partially in suspension in the ether, partially in the supernatant aqueous acid (*b*). This solution contains sulphates of cinchonine and of cinchonamine, and also small quantities of sulphates of other alkaloids which constitute the precipitate *a*. On treating the solution *b* with diluted nitric acid, a precipitate of nitrate of cinchonamine will form, whilst the cinchonine will remain dissolved. The alkaloids are separated from the clotty precipitate *a* by means of soda, and are, after desiccation, dissolved in alcohol. On the addition of sulphuric acid diluted with alcohol (one part of the acid to eight parts of the alkaloide) to the hot solution, almost the entire quantity of concusconine, forming a sulphate, will be precipitated. By adding a small quantity of concentrated hydrochloric acid to the cold alcoholic alkaline solution, hydrochlorate of chairamine will be separated; and, by finally adding some sulphocyanate of potassium to the hot solution, crystalline sulphocyanate of conchairamine will form, followed by a tar-like precipitate. The reagent, therefore, ought not to be added so long as the precipitate remains crystalline. The alkaline solution, after the separation of the tar-like precipitate (which has not yet been examined)

is treated with ammonia, the precipitated alkaloids are dissolved in benzine, and the benzinic solution is agitated with diluted acetic acid, to which a saturated solution of sulphate of ammonia is added. By this process, the sulphates of chairamidine and of conchairamidine are precipitated, and are afterwards separated by crystallization.

Mizu Ame, or Japanese Maltine.

The *Physician and Surgeon* for February says: "Dr. J. C. BERRY of Okayama, gives the following interesting account of the process of manufacture of mizu ame in Central Japan:

1. *Malt (moyashi)*. Made by putting barley into a pail with a perforated bottom, and then moistening with water for two weeks, by which time (varying with the weather) the barley germinates. Spread and dry, rub off the sprouts, winnow and grind, when it is ready for use.

2. *Mochi-gome* (the very glutinous rice from which the *mochi* is made) one *to*, cook the rice by steaming in a wooden box until moderately soft. Remove to a pail and add: malt, four hundred and fifty *momme*; water, five *sho*. Then, with the hands, thoroughly mix the whole, squeezing and crushing the rice until it assumes a hard, jelly-like consistence; then allow it to remain for twelve hours, during which time stir three times. (If weather is cold, it is covered with straw mats; if very warm, it is kept in a cool place). Remove and place in hempen bags, put into a strong box, and press out the liquid with firm pressure. Lastly, evaporate to proper consistence over a slow fire.

Mizu ame was never used in South-western Japan other than as an article of diet for babies, weakly children and old people, until recently, and at present its use is largely confined to those who have been brought in contact with, or instructed by, foreign physicians. I have used it considerably during the last five years, more especially in cases where food medicines are required; and, after being properly diluted, frequently prescribe it with dialyzed iron and with cod-liver oil. I use it more or less on my table as an article of diet, instead of syrup or honey, especially with one of my children, who has a weak stomach. I imagine that its one single advantage over malt or maltine is its more easy digestibility.

Danger of Suspending the Bromide in Epilepsy.

M. LEGRAND DE SAULLE lays stress (*Gazette des Hôpitaux*, 1885), upon the danger which is incurred in discontinuing beyond a very limited period the use of the bromide of potassium after epileptic attacks have been modified by a continuous course of it. He considers that the whole of the apparent immunity from the disease that has been gradually acquired by the treatment may be destroyed in a moment, and the patient, in a brief period, varying from a few hours to nine days at the latest from the time of ceasing it, becomes liable to a relapse, which may cost him his life. After several years of comparative immunity, due to a fixed dose daily of the bromide, the cessation of the drug may entail a catastrophe of the most serious description. The clinical lecture in which he introduces the above remarks contains the history of a girl who suffered from convulsions at the age of four years. She then remained free from such attacks until she reached

the age of ten, when she began to have epileptic fits at the rate, it is said, of about ten or twelve a month. During the last five weeks of 1881, when seventeen years of age, she came under his care and was put upon bromide of potassium, 60 to 75 grains daily. During that short period she suffered from 38 attacks of convulsions and 13 of vertigo. In 1882, under the same treatment, she had 132 attacks of grand mal and 81 of vertigo. Early in January, 1883, the treatment was suspended on account of an attack of enteric fever, and she remained without the bromide for nearly a month. Her health was completely established after the fever, but she suddenly fell into the status epilepticus and had 1,646 attacks in three days. She recovered, however, and resumed the bromide. In 1884 she had 259 attacks of convulsions and 9 of vertigo. In January, 1885, being dyspeptic and jaundiced, biliary calculi were suspected, and the bromide was stopped for three weeks, with the result that she appeared to regain her ordinary health. On February 7th she fell once more into the status epilepticus, from which she never rallied. She died on February 16th, after having passed through the enormous number of 2,074 attacks in less than ten days.

M. Legrand de Saulle, in the same lecture, points out that the temperature gradually rises as the convulsive attacks follow one another in the status epilepticus, and forms a valuable aid to prognosis. He states that though the patient may recover with a temperature reaching 103° , death is the invariable result if it rises to 106° .

Notes on the Use of a Five per Cent. Solution of Brucine.

Dr. RALF W. ZEISS thus writes in the *Therapeutic Gazette*, January 15th: I have arrived at the following conclusions from experiments made with the brucine kindly handed to me by Dr. Mays:

1. I have twice applied the solution, by means of a tuft of cotton on a cotton-holder, to painful *furuncles* of the external auditory canal. In both cases marked relief was noticed in from two to four minutes, which lasted for some hours, when the pain slowly returned as before. Skin in these cases not broken.

2. In cases of painful *suppurative otitis* of the middle ear (some five or six in all) the solution gave some relief in *all* cases; very *marked* relief from pain, lasting for a number of hours, in two cases. In these patients the solution was passed on the cotton tuft down to the fundus of the canal, and the raw and often bleeding surface carefully and thoroughly mopped.

3. I have used the brucine solution some scores of times in *sensitive conditions* of the auditory canal, to render the use of instruments painless. No record was kept of these, but in about one-half the cases the patients volunteered the statement, "It don't hurt as much now," while in the other half no results of any importance were obtained, sensitiveness being in no way lessened.

4. Brucine, in my hands, has proved most useful in lessening or entirely abolishing the pain and burning caused by *applications* of iodine, nitrate of silver, sulphate of copper, and the like, to the mucous membrane of the throat and nasal passages. I have repeatedly used it in these cases, perhaps nearly fifty times, and in almost every case relief was noticed, and in the majority of the cases pain and irritation were at once overcome.

5. In one or two cases of *burns* the solution has proved valueless.

6. Painted along the line of incision before opening a shallow abscess, it did no good whatever, the patient suffering as much as usual.

7. Used on the external surface of the body, the five per cent. solution has proved of no value whatever in my hands.

Speaking generally, I do not consider the brucine salt equal in its local effects to the muriate of cocaine. Though more lasting, it is much less reliable, nor does it seem to be so readily absorbed.

In some two or three instances, after liberal applications of brucine to the nasal cavities, patients have complained of having felt wildly "nervous" for some hours afterwards, evidently from the strychnine-like effects of the drug. In no other instances were the slightest toxic effects noted, although as much as $\text{m} \cdot \text{v}$ of the solution has been repeatedly used in the middle ear and nasal fossæ.

The Hydrotherapeutic Treatment for Typhoid Fever.

Dr. GOLTDAMMER, physician to the Bethlehem Hospital in Berlin, advocates (*Deutsche Med. Wochenschrift*) the hydrotherapeutic treatment of typhoid fever, as employed in his hospital. He asserts that the statistics of mortality are in its favor, making every allowance for their acknowledged uncertainty. An important factor in the success of his treatment is the time at which the patient is admitted. He gives these figures: In seventeen years, in 3,600 cases, the average mortality was 12.8 per cent., whilst in 450 cases admitted in the third week the percentage was 36. In the first two weeks hydrotherapeutic treatment can prevent serious nervous symptoms, and sustain strength; in the third week, bathing is positively contra-indicated. In eight years, with 1,700 cases, deducting all cases admitted in the third week and those that ended fatally in the first three days, he arrived at a percentage of 9.

He alludes later on to hydrotherapeutic treatment in the army. It was first adopted in 1865, and continued in 1866. From 1849 to 1864, in the Stettin Military Hospital, there were 1,934 cases with an average death-rate of 25.9 per cent. max. 37.2; min., 16, 2). But in 1865, with hydrotherapeutic treatment, the death-rate sank to 8 per cent., and remained at 7 to 8 per cent. until 1874, with no deaths in some years. This was in the Second Army Corps. In the years 1873 and 1874 there was in the rest of the army a death-rate of 13.5 per cent., but in the Second Corps it was only 3.7 per cent. When hydrotherapeutic treatment was gradually adopted in the entire army, the death-rate, which until 1865 was 20 to 25 per cent., sank to 15, and in 1874-81 to 12, 10, 9, and 8 per cent. Whilst from 1873-81 most of the corps lost 10 to 14 per cent., and a few 8.7 to 9.1 per cent., the Second Army Corps lost in the same period only 6.4. Again, while the Prussian army in nine years (1873-82) lost 10.1 per cent. annually on the average, the Austrian lost annually 26.8 per cent. from 1873-78; the Italian, from 1874-78, 16.2 per cent.; and the French (1875-80) 36.5 per cent.

After an experience of nearly 3,000 cases Dr. Goltdammer considers the treatment by means of baths the best. But he by no means asserts that it is perfect. He is willing to abandon it when something better is offered. That "something better" is not the "expectant" method. Under it, the death-rate in the Bethanien Hospital was 5 per cent. higher than under the hydrotherapeutic treatment.

He refers to the importance of observation of individual cases. The beneficial

effects of the baths on the nervous symptoms, the stimulating effect of cold baths and the spray in cases of stupor, the soothing effect of tepid baths on an excited state, the inducing of deep gentle sleep only broken by feeding, the increasing moisture of the tongue, the improved appetite, the exciting of deeper inspirations—all are to be observed. The change in serious cases in a few days, after a few baths, is generally astonishing.

The author is under the impression that the value of the antipyretic effects of the baths has been exaggerated, and that bathing is sometimes overdone. It is difficult to adjust the bathing to the individual cases. This must be the result of experience, careful consideration, skill, and tact. To this method he adheres till he finds something better; by no means the expectant method.

Dr. Goltdammer considers the medicinal treatment very important, relying in collapse chiefly on alcohol (port, sherry, or cognac), and believes in the old-fashioned musk in great weakness of the heart's action. In hemorrhage of the bowels, little except opium is of use—the chief thing being application of ice, absolute quiet, and diet. He uses antipyretics very cautiously and only seldom, but so, advantageously. Salicylic acid he rejects as hurtful and dangerous.

The Beefsteak and Hot Water Cure.

Dr. SOLOMON C. SMITH thus writes in the *Lancet*:

“A letter lately appeared in the *Pall Mall Gazette* telling us ‘How to become Thin,’ which is sure to attract attention, partly from the striking way in which the writer has put his case, and also from the interest which the treatment of fatness always excites among the fat. The course consisted in drinking nothing but hot water, and eating practically nothing but animal food, for seventeen weeks. The water was taken in four doses daily, at a temperature of from 130° to 150° Fahr., on an empty stomach, and at least one hour before a meal. The daily average of solid food was 5 lbs., chiefly lean beef; a little plain boiled cod-fish occasionally. That the course was successful, is clear from his account. ‘Two years ago, I weighed (dressed) 16 st. 4 lbs., and my figure was of tubby, aldermanic contour. I am now 13 st. 2 lbs. My waist girth was 44½ inches; now it is 35 inches. I suffered from chronic heart-burn; I have had none of it for fifteen months. I went in daily fear of painful kidney attack; I have not had a symptom of it since I began the hot water. I sleep better, and do both my mental and physical work more easily; and, in fact, feel a much younger man than formerly.’

“Many people are sure to be anxious to try this ‘cure;’ and as the wiser among them will probably begin by asking our advice on the matter, it is as well that we should be prepared to say in what kind of cases this sort of treatment is likely to do good, and in what it will be injurious; for that it will be injurious in some is perfectly certain. The treatment of obesity by a lean-meat diet is old enough; in fact, it is the central point of Bantingism; nor is there any novelty in the prescription of meat for dyspeptics in whom vegetables turn to flatulent sourness; nor is the use of warm water in any way an untried thing, being in fact the key to the success of many of the Spas. But the special combination of the meat and the hot water, and its use for the treatment of lithæmia, is, I think, a new departure, and is worthy of careful thought.

The first thing to bear in mind is that the water is essential; without it, the meat would kill; the next is, that the success of the treatment depends on the possession by the patient of fairly capable kidneys; and the next, that the quantity of meat prescribed was for the cure of the obesity, and not necessarily for that of the lithæmia, the hot water being often useful in cases of lithæmia in conjunction with a mixed diet, the great condition being that no fluid should be drunk at meals.

"In the treatment of the lithæmic condition, one finds one's self constantly on the horns of a dilemma; if meat is ordered, the malady is aggravated; if vegetables, the patient suffers from flatulent indigestion; hence the compromise usually recommended, namely, as little meat as the patient can get on with, and such vegetables meat as he can digest, the whole tempered by occasional blue pills and salines.

But if washing out the system between meals with plentiful supplies of hot water will enable us to feed even our lithæmics on strong meat, which frequently is to them by far the most pleasant and digestible food, a step is gained in dietetics which will often be of great service in the treatment of many other problems besides that of 'how to become thin.' It must, however, be distinctly borne in mind that this course of diet must not be recommended until we have assured ourselves of the capacity of the patient's kidneys as excretory organs. Some people with active intestines can save their kidneys by a farinaceous diet; others with freely acting kidneys can humor their digestion by eating meat; but there will always be some who, with feeble digestions and inefficient kidneys, will be unable, even with the aid of the hot water, to escape that 'life on a lower level' which is the only safe resource for those affected with chronic organic disease."

Small Doses.

From the *Nashville Jour. Med. and Surg.*, for February, we note a paper on this subject by Dr. STAPP, who says: The present tendency in prescribing is to elegance and pleasantness in their preparation. Although we have capsules, wafers, sugar and chocolate coatings, yet the drug may prove inert by the insolubility of the coating. Since the discovery of various alkaloids, small doses have become more common. In prescribing remedies in small doses, even those which are very disagreeable to the palate may be as well made palatable on account of their diminutiveness. If their effect be the same in small doses frequently repeated and are thereby rendered agreeable, why not prescribe small doses?

But do not understand me to say that we can prescribe for all diseases in this manner. There are some troubles which are only overcome by heroic doses.

In diphtheria, scarlatina, follicular tonsillitis, potassium chlorate in one grain doses every half hour affords much relief, and is curative.

One grain doses of croton choral every half hour in many forms of neuralgia is beneficial.

In obstinate urticaria salicylate of soda in two grain doses every half hour acts well; also drop doses of balsam of copaiba every half hour.

The vomiting of drunkards is often helped by half-drop doses of Fowler's solution every half hour. This also is good in vomiting of pregnancy.

In erysipelas the muriate of pilocarpine, gr. 1-10 hypodermically.

Wine of ipecac in drop doses every fifteen minutes will often arrest obstinate vomiting; is especially useful in vomiting caused by cancer; also useful in children.

For vomiting of infants, A. A. Smith, of New York, has used one grain of calomel to one ounce of lime-water; to this add pint of pure water and give a teaspoonful of the mixture every ten minutes.

In wheezing and cough of children with bronchitis good results may be obtained with tartar emetic, grain one to water pints two; teaspoonful every half hour.

Sick headache is often relieved by gtt. i. of tinc. nucis vomica every five minutes.

One of our best remedies for inflammation of the bladder is tinc. cantharides, gtt. i., every hour.

In excessive menstruation fl. ext. ergot has been successfully used in minim i. every half hour for six or eight hours before the expected flow. A simple febrile movement, with dry hot skin, full and bounding pulse, may be relieved by half-drop doses of tinc. aconite root every half hour; also useful in acute nasal catarrh.

Sub-acute nasal catarrh with abundant secretions is often allayed by minim doses of tinc. belladonna every half hour until eight or ten minims are taken.

In malarial fever, when quinine fails, picric acid gr. $\frac{1}{8}$ in combination with ammonia is used with benefit; also beneficial in pertussis.

In asthma with indigestion and anemia Fowler's sol. in gtts. i. doses often proves remarkably beneficial.

Apomorphia, gr. $\frac{1}{100}$ three or four times a day often produces brilliant results in spasmodic cough.

Cannabis indica, gr. $\frac{1}{3}$ - $\frac{1}{2}$, given for weeks, is a useful agent in the treatment of megrim.

Atropia in doses of $\frac{1}{100}$ of a grain usually controls night-sweats.

Digitalis in small doses frequently repeated exerts a beneficial influence over different kinds of hemorrhages.

Many troubles could be treated with small doses, and benefited as much and often more than to administer large doses.

Sulphate of Sparteine as a Cardiac Tonic and Substitute for Digitalis and Convallaria.

Dr. GEORGE M. Foy thus writes in the *Med. Press*, February 10: Christison, in his "Dispensatory," published in 1812, thus speaks of broom: "As an indigenous plant, of undoubted diuretic virtues, broom well deserves a more careful examination, both chemically and therapeutically, than it has hitherto received.

Few plants have experienced so many vicissitudes of favor; one time utterly neglected or carefully shunned as dangerous, and at another enjoying the most distinguished favor. It was included in Ray's list, and formed one of the drugs on which Sydenham relied. But until Peruson ("Observations on Broom," 1835), one of our few original investigators in therapeutics, undertook the task, the plant was simply admitted to popular repute. Thus Cullen writes of broom, "I found it in use amongst the common people, and have since prescribed it to some of my patients." Yet it must have commended itself to the profession, for from 1618,

when it first appeared in the London Pharmacopœia, it has found a place in each succeeding edition.

Passan gave it a place in his "Herbarius Patavie," 1485, and it also found a place in the "Hortus Sanitatis," 1491, and the "Great Herbal" of Southwark, printed in 1526.

Stenhouse, in 1840, discovered in broom-tops two interesting principles, *Scoparin*, $C_{11}H_{12}O_{10}$, an indifferent and somewhat acid body, and the alkaloid *Sparteine*, which has the formula $C_{15}H_{11}N_1$. *Scoparin* is soluble in water or spirit, and crystallizing in yellowish tufts; *sparteine* is a colorless oily liquid, heavier than water, and sparingly soluble in it, boiling at 288 degrees C. It has a decidedly alkaline reaction, and forms salts with acid which have a decidedly bitter taste; it is colorless, but on exposure to light becomes brown; the change of color does not appear to affect the therapeutic action of alkaloid. It is obtained from the acid mother liquid from which scoparium has been obtained by neutralizing the liquid with soda, and distilling, when ammonia and *sparteine* are obtained. The amount of the alkaloid in the plant is very small. Mills succeeded in obtaining only 3vj. from 150 pounds of the plant tops.

Stenhouse ("Phil. Trans." 1851) asserts that broom plants grown in sunny aspect are more rich in *sparteine* than those grown in the shade.

Pearson, who was one of the first to claim tonic properties for the plant, recommended a tincture prepared from the seeds, and Van Mons, who advocated broom for gout and rheumatism, gave the following curious prescription: E. Flor. Scoparii ʒj., Sacchari Albi ʒij., Ferr simul, ut fiat confectio. Sumat ʒj. vel ʒij., pro dosi.

Christison's appeal to the physiologists and pharmacologists got no response. Our best books dismissed *sparteine* with a few lines. "It is similar in its action on the system to nicotine, but less energetic," is the statement of one of the best of our advanced and most recent handbooks. The fact that *sparteine* was one of the three alkaloids that contained no oxygen excited no interest amongst pharmacologists engaged in original research. But luckily on the Continent the alkaloid was being examined, and its therapeutics formed the subject of a communication to the French Academy of Sciences, by M. Germain Sée, which has been published by the author in *La France Medicale*, December, 1885. After a very brief summary of its history and some of MM. Fick and De Raymond's experiments, he goes on to say that after very many experiments on the lower animals he determined the therapeutic dose for cardiac affections to be $1\frac{1}{2}$ gr. dose of acid sulphate in watery solution. He declares its effect on the heart to be produced without any inconvenience to either the nervous or digestive system. His observations were on fourteen cases, on six of which sphygmographic tracings of the pulse were taken, which tracings the author exhibited to the Academy. Of these cases two were old women, greatly troubled with difficulty of breathing, which the author of the paper ascribes to cardiac degeneration and atrophy. There was general debility, with a feeble impulse and the cardiac sounds almost imperceptible by auscultation. The pulse was weak and hardly preceptible at the wrist. In the first of these two cases there was a slight incompetency of the aortic valves, and in the second case there was narrowing of the mitral orifice with arterial degeneration and marked irregularity of action. But the sixth case is even more

typical of the good effects of the alkaloid: the patient suffered from cardiac asthma with albuminuria, and a very weak pulse; forty minutes after a dose of the alkaloid all was changed—the regularity and force of the heart was restored.

He sums up the result of his observations by declaring that *sparteine*—1st, has as its most important effect the relief of the heart and pulse—that its action is similar to digitalis or convallarine, but that its tonic action is distinctly better marked, and that it acts more promptly and its effects are more durable; 2d, quickly produces regular cardiac rhythm; 3rd, accelerates the heart beats.

Its effects usually appear from one to two hours after taking the medicine, and the effect continues for from three to four days after the medicine has been discontinued. During this time the heart's force continues good, the breathing easy, and the diuretic effects of the alkaloid are, the author considers, second only to iodide of potassium.

Sparteine is recommended by the author where the heart is deficient in driving force, either from degeneration of its own tissue or some obstacle in the general circulation. Such a general rule cannot commend itself to practitioners, for there are thousands of cases in which a distinct increase of the heart-force would produce death; and with a drug whose effects continue for days after its use has been discontinued, extreme caution should be exercised before an old patient with atheromatous arteries has the heart-driving force increased. If, out of proportion to the resisting power of the arterial wall, the blood is forcibly pumped out of the heart into atheromatous vessels, nothing but a rupture of the weakest or most pressed-up vessel can result.

But as I think the more accurately we can determine the therapeutic action of drugs the better fitted we are for battling against disease, I give a summary of M. Germain Sée's communication—regretting, however, that the author should confine himself to therapeutic results and not give an opinion on its physiological action.

Antipyrine in Children.

The *Weekly Med. Review* says: The therapeutics of the diseases of children leaving yet so much to be desired, any suggestions or improvements respecting them cannot but claim our particular attention. Dr. DEMME, the well-known authority in this field, has advanced some valuable facts regarding the employment of antipyrine in infantile diseases. The antipyretic properties of antipyrine, so well established through recent experimental and clinical observations, he holds, act equally promptly in children. The fall of temperature following its use he found to be often rapid, rarely exceeding a lapse of two or three hours, the resulting apyrexia extending often over more than twenty-four hours, with a very gradual rise, in which respects it contrasted favorably with other antipyretics, especially with kairine. In erysipelas and rheumatic polyarthrititis, antipyrine appears to exercise an almost controlling influence over the pathological processes, claiming especially in the latter affection, like salicylic acid, the character of a specific remedy.

Unfortunately, antipyrine causes a certain degree of cardiac depression, forbidding its exhibition in the graver types of diphtheritic infection, and in enfeebled individuals generally. Otherwise the drug is well tolerated, even at a

very tender age, interfering with neither appetite nor digestion. Vomiting has but rarely been noticed, nor, according to the statements of older children, is it followed by the well-known symptoms of cerebral congestion which result from the ingestion of quinine and salicylic acid. The moderate diuresis observed after the administration of antipyrine is an additional recommendation for its use. A careful attention to the dose seems indicated in consideration of its depressant action on the heart, as previously intimated. Demme recommends three doses per diem, the first of $3\frac{1}{2}$ grains, the second of $2\frac{1}{2}$ grains, and the third of $1\frac{1}{2}$ grains. —*Fortschr. d. Med.* Bd. II., No. 21.

The results of clinical trials of antipyrine in the hands of other investigators seem all to confirm the therapeutic value claimed for it, especially in the treatment of affections of childhood. The following résumé of its action, abstracted from a paper by Dr. Penzoldt (*Deutsche Medicinal Zeitung*, 101, 1884) is intended to represent our present knowledge and experience regarding the drug. He advances the following seven points:

1. Antipyrine must be regarded as a remedy well indicated and appropriate in febrile affections of children.

2. In proper doses the drug causes a reduction of febrile temperature amounting to several degrees (Reaumur) and lasting several hours.

3. Reduction of the rate of pulse does not always correspond with the degree of reduction of the temperature.

4. The effects on the feelings generally are usually favorable.

5. Occasional vomiting was the only unpleasant symptom ever observed after its use. If vomiting occur persistently, administration by the rectum is to be resorted to.

6. As regards the dose, as many decigrams ($1\frac{1}{2}$ grs.) are to be given hourly for three consecutive hours as the child counts years; this quantity is to be increased if it prove insufficient, as will often be the case in small children. An enema may be of a strength of from three to six times as many decigrams as the child counts years.

7. The organism, in a prolonged employment of antipyrine, appeared but rarely to become habituated to its use.

So also Dr. Argutinsky, of St. Petersburg, has further tried antipyrine in five cases of croupous pneumonia in children ranging between four and eight years of age. The drug given as a powder dissolved in water was readily taken, well borne, caused no unpleasant symptoms, and but little sweating.

Vomiting occurred twice out of twenty-five administrations of the drug, general malaise but rarely. A general reduction of febrile temperature followed usually within three hours and amounted to two degrees (R); at times the temperature fell below its standard in health, without causing, however, any symptoms of collapse. An improvement in the subjective symptoms invariably took place. The pulse under the influence of the drug grew stronger and more regular, but did not vary in rate so quickly as the accompanying fall of temperature would apparently warrant. The subsequent rise of the temperature is not so rapid as in kairine, but is gradual, extending over half a day or more; thus the absence of rigors is easily accounted for. Regarding the dose Argutinsky advises the drug to be given to children as follows:

- $\frac{1}{2}$ to 1 year, 3 grains every 3 hours.
- 1 to 3 years, 5 grains every 2 or 3 hours.
- 4 to 5 years, 6 to 7 grains every 2 hours.
- 6 to 8 years, 8 to 9 grains every 2 hours.
- 10 to 12 years, 10 to 12 grains every hour.

He regards three doses through the day as quite sufficient.

Nine further experiments which the author instituted with the drug on healthy children, are also very interesting. Antipyrine reduced the normal temperature one to one and a half degrees (R.); the maximum of the fall appeared at night, *i. e.*, the time when the daily variations reach their maximum. On the normal daily variations the drug appeared to exercise no influence.

Antipyrine is undoubtedly a valuable addition to our medical armamentarium, and we will, I believe, find it nowhere and in no class of cases of greater value than in the high grade fevers of childhood. The opportunity has not offered for its application to a large number of cases of children, as yet only two—one of severe scarlet fever, and one of typhoid fever—and in both it acted admirably. Ten grain doses twice daily accomplished the desired result of reduction of temperature, with no discomfort to the patient. The drug is much pleasanter of administration and more agreeable in every way than quinine. In regard to the seventh point in the deductions of Dr. Penzoldt, referring to the dose to be given per rectum instead of per os, he suggests that it be from three to six times as large. This I believe to be an excessive increase. I am very partial to rectal medication as well as rectal alimentation, and have been practicing it largely for the past five years. The successful absorption of the materials injected into the lower bowel depends largely upon its condition of emptiness, and cleanliness, and also upon the hungriness, if you please, of the tissues. These conditions should always be determined before the administration of the enema. Under no circumstances, I think, should we administer more than double the amount by the bowel that we would per os, and in the case of many drugs the amount should be increased very sparingly.

Turkish Bath as a Remedy.

Dr. T. D. CROTHERS thus writes in the *New England Med. Mo.*: Physicians who are fortunate enough to have a Turkish bath in their vicinity have a therapeutic resource of great value, that is not always appreciated.

The class of cases from which the most benefit will be obtained by the baths are the rheumatics, the neuralgics, and those suffering from hysteria, and general plethora. Another large class who are frequently under the physician's care, are those who are over-fed, and who do not exercise properly, or are under-worked.

Often they are brain and office workers who do not go out in the open air much, and rarely have any muscular exercise, but eat heartily. They are neurasthenics, and suffer from many and most complex symptoms. Another class of these cases become exhausted and suffer from mental anxiety, overstraining the nervous system, continuous care, worry and excitement, bringing on all forms of functional nerve disturbances.

Many of these cases have malaria in some form or other, and are very difficult

to treat with satisfaction to the physician. All of these cases are chiefly prominent in defective secretions and irregularities of the bowels and skin. Digestive disturbances and temporary congestions of all sorts come and go. The heart is irregular in its action, murmurs and sounds are heard, which, although formidable at the time, disappear in a few days. Both albumen and sugar appear in the urine, and disappear in a few days. Often these cases furnish symptoms at different times of very serious diseases, and the recent graduate, or the unthinking specialist, are surprised to find their most positive diagnosis fail, while some elderly practitioner, supposed to far behind the front line of exact science, will step in with a strong cathartic, and perhaps an old-fashioned hemlock sweat, and all the grave symptoms pass away. These cases go from one physician to another, and are the object of much anxiety and professional unpleasantness both in and out of the regular profession.

Although a specialist working in a different part of the field, yet these cases come to me, and urge to have some treatment. My advice is to go to some Turkish bath, sanitarium or hotel, stay as long as possible and take from two to four baths a week. The results have been in all cases most gratifying. A gentleman of former good health and wealth suffered from malaria, which finally merged into acute rheumatism and a general condition of melancholy and fear of death. He had consulted with many physicians, and found spirits to be the most effectual remedy for the time. He finally became alarmed lest he should become a drunkard, and came to me for advice. I found that his drinking was only a secondary matter, and followed from disordered functions more than from organic disease. I urged him to go to Dr. Sheppard's Turkish bath, of Brooklyn, N. Y. This he did, and entered upon a course of two baths a week, with phosphate of iron, and great regularity of living, etc., etc. Two months after he reduced the baths to one a week, and was a temperate, strong man. Since that time he has traveled all over Europe, and most religiously abstained from all use of spirits. His mind is clear and buoyant, and his health is fully restored.

Another case of a mechanic, who, after an attack of pneumonia, had an abnormal appetite, which brought on various digestive troubles, and also a curious feeling that he would like to drink to great excess. He never drank much in his life, but this feeling was one of intense longing to take spirits, which he could fully control, and yet the idea remained. I was consulted and advised a course of Turkish baths, at least two a week, and restricted diet. The result was a full restoration and complete disappearance of the abnormal appetite and drink impulse.

In a third case an old gentleman who had used spirits freely up to sixty years of age, then became an abstainer, suffered from chronic rheumatism, dyspepsia, and various neuralgias. He was full of delusions of sudden death, insanity and suicide. His physician ordered the Turkish baths, and a bottle of Irondale water, the latter every day, and the former every other day. His recovery was rapid and complete.

These cases serve to illustrate the therapeutic action of the baths, and show how often the rapid or continuous elimination of effete and poisonous matter from the system, by these copious perspirations, breaks up disease action. Experience shows that free perspiration, artificially produced, does not cause ex-

haustion as it is supposed. The tonic effect from the three stages of the bath, the sweating, shampooing and the final cooling, are all true physiological processes. Thus the combined impetus of the shampooing and the heat stimulates powerfully the nervous, vascular and absorbent systems. To supply the waste of fluids eliminated by the skin, the cutaneous system of blood-vessels draws upon the internal trunks, thoracic, abdominal and cerebral. The exalted condition of the circulating, nervous and glandular systems, induced by friction, augments the vital force, restores the balance in obstructive disorders, promotes secretion and absorption. With each muscle, nerve and blood-vessel, thus stimulated, the results are greater tone and vigor.

The following letter from Dr. Cooper, of Brooklyn, is worthy of note: "With pleasure I outline the case of W. H., age 21, who came under my care towards the end of last year suffering from chronic rheumatism of several months' duration. He was anæmic and greatly emaciated, weighing but 100 lbs; pulse, 120; temperature, 101°; and only able to take a few steps with the aid of a cane. Both knees and ankle joints were greatly swollen, the synovial membranes, capsule and ligaments being distended by effusion, and the appearance indicated serious trouble with the articular cartilages. We soon realized that the usual treatment was of no avail. We therefore placed him under the care of Dr. Sheppard, of the Columbia Heights Turkish Baths. Three months later he was discharged fully restored, having gained seventeen pounds. He was treated entirely without special medicine other than Turkish and electric baths. I am free to say that these baths are in many cases most powerful and effective remedies. Among the new remedies nothing is more certain than the Turkish baths. I think it is the duty of the profession to instruct the community, and urge the frequent use of this bath in the cure and prevention of disease and prolongation of life."

To this I would add my experience that wherever it has been tried its results are most satisfactory.

Country and village physicians who have large houses could at a trifling expense have a bath, which would not only bring substantial returns financially, but would increase their power, and enable them to cure many cases now thought incurable. Where this is not possible, many of these peculiar cases should be sent away to some bath under the care of an experienced physician.

For several years I have found Dr. Sheppard's Turkish baths in Brooklyn, N. Y., to meet the wants of my patients most practically. Associated with the baths, which are conducted on the most scientific principles, is a boarding department with moderate charges, and all under the care of a skillful physician.

The practical value of Turkish baths will come into great prominence in the future when they are better known and studied.

Antipyrin in Rheumatism and Migraine.

Professor M. A. КНОМЯКОFF and Dr. L'VOFF, writing in a recent number of the *Vrach*, highly praise antipyrin both in acute and chronic rheumatism. They prescribe it in from fifteen to twenty-grain doses four times a day, and find that in acute rheumatism it very quickly relieves the pain and reduces the swelling, without producing any unpleasant effects. It was successful, too, in two cases in which salicylate of soda in large doses had entirely failed to afford relief. Anti-

pyrin proved equally valuable in muscular rheumatism, rheumatic pains in the head and limbs, and in neuralgia of rheumatic origin. It was also employed in twenty-five cases of migraine and pains in the head arising from various causes. In most of these cases the first dose of from fifteen to twenty grains of antipyrin produced a marked alleviation of the pain within twenty minutes. If no effect were produced, a second dose was administered half an hour after the first, and even in the severest cases this did not fail to relieve. Unfavorable symptoms did not present themselves at all throughout the investigation.

Adonis Vernalis and Adonidine.

M. HENRI HUCHARD has re-investigated the action of adonidine on the heart and vessels. Durand has related a case in which he had been able to give sixteen centigrammes a day with impunity. But Huchard avers that he would never dare to go beyond two or three centigrammes of the glucoside, and even then nausea, vomiting, and epigastric pains may be caused. The action of the medicine is rapid, and even on the first day the effects on the urine and on arterial tension may be observed, as well as on the heart. Its elimination probably takes place rapidly, since all its results disappear a few days after the suspension of the drug. Notwithstanding the value of adonidine, Huchard thinks it cannot be regarded as the successful rival of digitalis.

A Soporific in Dyspnœa.

Withania somnifera, which was known to the ancients as a sleep-inducing drug, has recently been employed by Dr. TRABUT of Algeria in cases of alcoholism, emphysematous dyspnœa, and phthisis, for the purpose of inducing sleep, with a considerable amount of success, greatest apparently in the former two classes of cases. In some respects it appears to Dr. Trabut to be a more trustworthy hypnotic than opium. A tincture, which is very bitter, a crystalline sulphate, and an extract, have been prepared by M. Duval, professor of chemistry, who recommends the extract in pills. It is stated not to have a mydriatic effect.

IV. GENERAL MEDICINE.

Plasmodium Malariae.

The *Weekly Med. Review* tells us that in Friedlaender's *Fortschritte der Medicin* is contained an original article by Prof. MARCHIAFAVA and Dr. CELLI, of Rome, describing the results of their studies on the nature of malaria. Their work was conducted for six weeks in the most dreaded section of the Roman Campagna. As a result, something truly wonderful has been found—namely, a micro-organism that is situated within the red blood corpuscles; and there leads a parasitical life. This relation to the red blood corpuscles is an absolute novelty, the micro-organisms that have been so far described in the blood being suspended in the plasma. The researches of the gentlemen named dispose of the bacillus of malaria described by Klebs and Tommasi-Crudeli.

The article is illustrated with cuts showing the changes in form that the plasmodia undergo. The action of quinine has been found to be that of immobilizing the parasite, which then is cast off by the corpuscle it infected.

The Origin of Phlebotomy.

The *National Druggist*, February 19th, says: "In 'Atlantis, the Antediluvian World,' occurs the following interesting reference to the habit of bleeding, now so fortunately becoming obsolete.

"The American (Indian) doctors practiced phlebotomy. They bled the sick man because they believed the evil spirit which afflicted him would come away with the blood. In Europe phlebotomy continued to a late period, but the original superstition out of which it arose, in this case as in many others, was forgotten.

"There is opportunity here for the philosopher to meditate upon the perversity of human nature and the persistence of hereditary error. The superstition of one age becomes the science of another. Men were first bled to withdraw the evil spirit, then to cure the disease; and a practice whose origin is lost in the night of ages is continued into the midst of civilization, and only overthrown after it has sent millions of human beings to untimely graves. Dr. Sangrado could have found the explanation of his profession only among the red men of America."

A Club-Footed Family.

Dr. H. LOCKWOOD thus writes in the *Med. Press*, December 2, 1885: Mr. and Mrs. K. came from Norfolk, had ten children, four boys and six girls. Father a little deformed in the hands. Of the four boys, two were deformed, one both hands deformed, right foot clubbed, and left foot flat; the other boy both feet clubbed. The first deformed boy had five children, and only one slightly de-

formed. All the other three boys married, but had no deformed children. Of the six girls, three were deformed and three all right. Of the three deformed, all were club-footed, and in two the hands were deformed also. Of the three deformed sisters the eldest is unmarried, the second has an illegitimate child club-footed, and the third, the youngest, is the one now shown. Of the other sisters, who were not deformed, two have married and have well-formed children, and the third is dead. Mrs. B. lives in Sheffield; she is club-footed, but was cured at the Orthopædic Hospital thirty years ago. Both hands are stunted and webbed. She has eight children, three deformed, and five all right; six are living. Eldest, all right; second, both feet clubbed, hands all right; third, all right; fourth, all right; fifth, all right; sixth, club-footed, died at eighteen months; seventh, all right; eighth, club-footed, both hands all right. Her husband is all right. Mrs. B. has a cousin whose feet are clubbed, otherwise there is no family history of any deformities.

A Modified Catheter.

To the Medico-Chirurgical Society of Edinburgh Dr. FOLUS showed a modified catheter by which the bladder could be safely and effectually washed out, the patient himself doing it as easily as the surgeon. The essential parts were a six-penny tin with a tap placed half an inch above the bottom of the vessel, so that a certain amount of liquid might always remain in it when being used. This tin contained an antiseptic fluid. The catheter had a projecting outlet half an inch from the orifice, by which it could be connected to the top of the tin through an india-rubber tube. The catheter was first passed and the urine allowed to escape. Immediately it escaped the fluid was allowed to run from the tin into the bladder through the tube attached to the catheter, by simply turning the tap. When the bladder was full the tube could be closed, and the finger removed from the orifice of the catheter allowed the fluid to run out as did the urine before it. The process could then be repeated. He thought it absolutely essential that whenever a catheter was introduced into the bladder it should not be removed till the bladder was washed out with an antiseptic solution, and this was specially necessary when the urine contained pus. He recommended this modified catheter because it was very simple in construction, very efficient, and very cheap.

Some Practical Applications of Pasteur's Methods.

Frank S. Billings, D. V. M., thus writes in the *Med. News*: Muzzling dogs is powerless to prevent the extension of rabies among them.

The best way to prevent rabies in man is to prevent it in dogs. This can be done in the following manner:

1st. Each State should have a State Laboratory in connection with its Board of Health, in one department of which such cords should be constantly prepared, and the physicians and veterinarians of the State educated in their use on animals.

Every endeavor must be made to discover the microbe of this disease, and in artificial virus from the same, which can be used in the same manner and as trustworthy as that at present used by Pasteur.

2d. The next step is to discover, by direct experiment, how long the immunity from rabies can be trusted to continue in dogs after they have been treated as above described.

3d. Laws must be made conformable to the above, and record books kept in each city. Every dog must not only be inoculated but licensed, certificates of which must be filed with the proper authorities, and presented each year when the new license is applied for.

Experience only can tell the time in which such certificates must expire and be renewed.

4th. All dogs not inoculated must be killed at once.

This is practicable; and only in this way can we do away with canine rabies and eventually remove all danger of hydrophobia from our citizens.

Passage of Open Pen Knife Along the Intestinal Canal.

Dr. C. B. HUTCHINGS thus writes in the *Pacific M. & S. Jour.*: On the afternoon of Thursday, November 19th, a young man twenty years of age, while fooling with some boys and girls, swallowed an open penknife, handle first. On telephoning the neighboring doctor, he was ordered to drink or eat nothing but milk, and take a dose of castor oil. Fortunately, this advice was not followed, and he came immediately to the city, where he arrived at 7:30 p. m. The castor oil was not given, but, instead, he was instructed to eat a hearty meal of mush and buckwheat cakes, and on going to bed directed to lie on his right side to facilitate the passage of the knife into the duodenum. The next day he was directed to spend most of the day on his right side, with the hips elevated, and to eat freely of any food he desired, but particularly of buckwheat cakes. He claimed that he felt the passage of the knife through the ilio-cæcal valve, from the very considerable pain which it caused. The bowels moved on Friday. On Saturday and Sunday the same food was prescribed, but on neither day did the bowels move.

He claimed, however, that he felt the knife in the transverse colon, and on Monday in the sigmoid flexure, and late Monday, that he felt it pricking him in the neighborhood of the anus. The bowels did not move on Monday, but on Tuesday morning about 11 o'clock there was an immense movement, which brought away the knife, point first.

Had there been a diarrhoea present, I would have undoubtedly given opiates for the purpose of quieting the peristaltic action of the bowels.

In all cases where a rough or sharp instrument has been swallowed, I believe that bulky non-concentrative food should be given, for the purpose of filling and distending the bowels, thus preventing the object from catching in any of the numerous folds of the intestines.

The knife, with the blade, measured $3\frac{1}{2}$ inches. The point was quite sharp, and the rivets in the handle projected a sixteenth of an inch, owing to the worn condition of the handle.

Management of Measles.

The Board of Health of Boston some time ago issued the following circular of recommendations for the proper management of measles:

When a case of measles occurs, put the patient in a room apart from the other inmates of the house, and allow no person to enter such room except the nurse and physician. Have the sick room properly warmed, well aired, and relieved of all unnecessary furniture, and other articles which cannot be cleaned without in-

jury. All clothing removed from the patient or the bed should at once be placed in boiling water, or in a tub of disinfecting fluid—three pounds of sulphate of zinc and one and a half pounds of common salt to each ten gallons of water. Water closets and privies in the house should be disinfected frequently with a solution of copperas—two pounds to a gallon of water. Every kind of filth in or about the house should be removed, and disinfectants freely used. Children in the family should not attend school or mingle with other children until the patient has wholly recovered and all infected articles have been disinfected. On the recovery or death of the patient, the most thorough disinfection should follow. The room and all articles in it should be at once subjected to the fumes of sulphur, as follows: Close the room tightly and burn two pounds of sulphur to each thousand cubic feet of space. After four or six hours open the room and expose it to free currents of air. Anything that may be boiled without injury, may be so treated. The walls and ceiling should be dry rubbed or lime washed, and the floor should be washed with some disinfecting liquid. When death occurs, the body should be immediately placed in a tight coffin, with disinfectants, and the coffin tightly and finally closed. No public funeral should take place at the house where the patient has died, until the coffin has been tightly sealed and the most thorough disinfection has taken place. Nurses ought to be particularly careful to remove all infection from themselves and their clothing before leaving the house.

V. CLINICAL MEDICINE.

A Urinary Sediment Consisting Mainly of Silica.

M. ABONNEL describes in *Lyon Médical* a urinary sediment, occurring in small granules with smooth surface and rounded angles, which was sufficiently hard to scratch even porcelain. Chemical examination showed it to contain small quantities of uric acid and oxalate of lime, but to consist mainly of silica. Nothing is stated as to the nature of the case from which this deposit was obtained, but that it was an old man, and no explanation of its occurrence is offered.

Hydrastis in Dyspepsia.

Mr. A. G. AULD, in the *Lancet*, November, 1885, p. 885, speaks very positively of the specific influence of hydrastis in small doses, in that form of dyspepsia common among females, where there is pain and sinking at the epigastrium, with nausea and constipation, associated with general debility, nervousness, wandering pains, and possibly leucorrhæa. The dyspepsia of phthisis and cancer is also amenable to the drug, as well as that form of indigestion resulting from alcohol.

Buckwheat Flour in Glycosuria.

Dr. A. M. DUNCAN writes (*Med. Rec.*) that Dr. Alvord, a retired practitioner of Hamber, Ohio, finds relief from glycosuria when he confines himself to a diet of pure buckwheat cakes. The urine becomes normal, or nearly so, in quantity and quality, the pain in the eyes is greatly relieved, and the gastric disturbances disappear. When wheaten bread and other starchy foods are resumed as diet, the symptoms reappear, to be relieved by a return to the buckwheat cakes.

Boracic Acid in Diabetes Mellitus.

Dr. F. A. MONCKTON (*Australian Med. Gaz.*) reports he has cured one case of diabetes mellitus with this drug. The patient was not stringently dieted, but was given seven grains of the acid three times a day, and at the end of ten weeks the sugar had all disappeared from the urine, and its specific gravity was reduced from 1025 to 1016. The drug produces no unpleasant effect. He is anxious that all who have an opportunity shall test the value of the drug in this disease.

A Portuguese Method of Treating Ringworm.

Ringworm of the most obstinate character may, according to Dr. SAERLIS, writing in the *Medicina Contemporanea* of Lisbon, be cured in ten days by cutting the hair from the affected spot, pouring turpentine on it, letting it run over the whole head, and rubbing well with the finger. After this has caused a smart-

ing sensation for from three to five minutes, it is washed off with carbolated soap. Hot water is then used for washing the whole head, and the affected spots touched with dilute tincture of iodine or with a 2 per cent. solution of iodine and turpentine. This process is to be repeated once or twice a day.

Treatment of Angina Pectoris.

M. HUCHARD discusses this question in the *Union Médical*, 134 and 135, 1885. After rejecting all medicines that narrow blood vessels or otherwise increase blood pressure, he alludes to nitrite of amyl, morphine, and glonoin as palliatives, but asserts that they are of no permanent benefit. Treatment by iodine, however, is really curative if continued for from fifteen to eighteen months in daily doses of 15 to 45 grains. He also recommends ignipuncture and blisters over the precordial region, and regulation of the diet and mode of life, including a partial or exclusive milk diet, forbidding all exciting and alcoholic substances, as well as tobacco. In advanced atheroma a cure is not to be expected, but amelioration is frequently possible.

Orbital Nævi, Treated by Electrolysis.

Mr. S. SNELL relates particulars of three cases of nævus of the orbit treated by electrolysis. All occurred in young babies, and the situation in each was similar, namely, in the upper eyelid, towards the inner angle of the orbit. One seemed more confined to the lid than the other two, which reached more deeply; one, also, was as large as a small walnut, and the others were somewhat smaller. They were all increasing in size. In each instance, a satisfactory result has been obtained; and Mr. Snell, referring to other plans adopted for the treatment of nævi, remarked that he questioned whether any other method would have succeeded with as little deformity as was the case in these instances.

The Therapeutic Value of Blood-Letting.

In the *Med. Times and Gazette*, November, 1885, p. 667, Dr. Robinson contributes an article on the "Therapeutic Value of Blood-Letting." The general symptomatic indications necessitating venesection are thus broadly stated: an overloaded vascular system, as in general plethora, and hyperæmia of certain viscera, whether of primary or secondary origin, so intense as to seriously embarrass the action of the heart, and sometimes even to threaten its complete failure. Under such circumstances, a timely bleeding is always immediately followed by relief, a fatal termination is averted, and the disease is so modified as to make its subsequent progress towards recovery easier and more certain. The quantity of blood extracted must depend upon the impression produced by the blood-letting upon the symptoms, and upon the heart.

Benzoate of Cocaine.

SEÑOR ALFREDO BIGNON, in a paper read before the Lima Academy of Medicine, and published in *La Cronica Médica*, strongly recommends the employment of the benzoate of cocaine in preference to the hydrochlorate (the salt most commonly used), and to the salicylate and borate, with which he has also made ex-

periments. He finds that the benzoate is extremely soluble, easily crystallizable, and retains the characteristic odor of coca itself. The antiseptic qualities of benzoic acid also are an additional advantage. Amongst other experiments, the anæsthetic effects of a 20 per cent. solution of the benzoate were compared with those of a similar solution of the hydrochlorate in a case of epithelioma of the tongue, with the result that the effect of the former salt persisted for a much longer time than that of the latter.

Hydrotherapy in Cerebral Rheumatism.

From the *Rev. de Therap.*, we learn that the following conclusions are embodied in a recent thesis by Dr. H. DUPRÉ:

Hydrotherapy should be employed in cases of cerebral rheumatism with hyperpyrexia and delirium, with or without suppression of articular inflammation.

The state of the pulse, the temperature, and the nervous phenomena, are the symptoms upon the presence of which treatment is instituted, and hesitation is not permissible in view of the danger to which the patient is exposed.

General baths are to be preferred to other methods of treatment. In acute cases the temperature of the bath may range between 88° and 68° F., usually beginning at the high temperature, which is slowly diminished by the addition of cold water to the bath.

No absolute contraindications of this method exist, but the possibility of resultant congestions, pneumonia, pleurisy, and syncope should be borne in mind.

Calomel as a Diuretic.

From the *Cent. f. d. ges Thérap.* for February, we learn that, led on by the accidental observation that, in a case of dropsy, small repeated doses of calomel induced diuresis of high grade, JENDRASSIK exhibited the same drug in seven cases of heart disease in which diminished urinary secretion and static œdema were present. The maximum amount of urine passed daily under this treatment varied from four to eighteen pints, and averaged over nine pints. The maximum once attained, the amount passed gradually declined. Three grains of powdered calomel, three to five times daily, was the quantity usually given. It was found that large doses were inefficient, as they produced diarrhœa, while in the smaller doses, subjective metallic taste and other symptoms gave evidence of the absorption of the drug. It is interesting to note that a period of at least one and sometimes two or more days elapsed between the commencement of the treatment and the occurrence of diuresis.

Ophthalmoplegia Externa Cured by Iodide of Potassium.

In a foreign exchange Dr. SUCKLING relates the case of a man, aged sixty-seven, who had been sent to him in November last, suffering from paresis of the muscles supplied by the third nerve on the right side, and total paralysis of those supplied by the third and sixth nerves on the left. The pupils were a little dilated, the left one the larger, and responded to light and accommodation; there were no changes in either fundus. The knee-jerk was present, and there was no history of syphilis or rheumatism. The patient attributed his illness to col

weather, to which he had been much exposed. Five weeks after Dr. Suckling saw him, he had, after exposure, conjunctivitis of the left eye, followed by dropping first of the left and then of the right upper lid. The patient was treated with large doses of iodide of potassium (36 grs. thrice daily); he rapidly improved and recovered.

Metastatic Rheumatism.

Dr. WM. CURRAN, writing to the *Brit. Med. Jour.*, says: The following note was handed to me by a professional friend in the East; and, as the combination or complication it portrays is at least rare, I reproduce it, without comment, in the *ipsissima verba* of its author, and will only add that I have not myself seen anything like it in my own practice up to date:

"I return your paper on Metastasis, etc., and will give you, in return for the pleasure the perusal of it has caused me, a bit of my own experience on the point. Whenever I am attacked with rheumatism—an old friend, by the way—I invariably suffer from a gleet; it is, indeed, almost my first symptom, and it is always accompanied by excessive irritability of the bladder. As soon as the gleet begins to subside, my irides become involved, and this sometimes to such an extent as to deprive me for a time of accurate vision. The disease, or whatever else it is, having exhausted itself on these structures, migrates to the joints, whence it retires, by resolution, in the usual way."

Rapid Cure of Suppuration of Middle Ear of Thirty-five Years' Standing.

The *Med. Press* tells us that Dr. G. B. F. BRUNETTI, of Venice, reports the following:

The patient, a physician, æt. 40, had suffered from offensive otorrhœa since his fifth year. Hearing power had gradually sunk to a minimum. The watch could only be heard on contact. The tympanum was absent on both sides. The ossicles were present on both sides; on the left they were incompletely ankylosed. After cleansing the auditory passage and middle ear, iodoform and sp. vin. rect. were employed, and in two days the stench disappeared; after eight days a few drops only of pus escaped. For eleven days a 0.5 per cent. solution zinci sulph. was used, and then the iodoform and alcohol again. In one month the patient was discharged, the vegetations in the tympanic cavity which were at first present had disappeared; its coverings had become healthy looking. Whispering could be heard at one metre distance, and the watch at $\frac{1}{200}$ (left) and $\frac{1}{200}$ (right) of normal.

Hemeralopia (Night-Blindness) in Jaundice.

In the *Wien. Med. Press* two cases in which this condition was observed are briefly recorded. The first, a man, aged 52, had long suffered from cough and dyspnœa, and for two years from pain in the right hypochondrium. There was great ascites, and the liver appeared to be atrophied. Jaundice was marked. The patient had never seen things yellow. There was a cataract in one eye, but with the other vision was normal in daylight, while at night it was so defective that he could not find his way. By lamplight he could distinguish objects with

difficulty, and when the lamp was extinguished, although darkness was not complete, blindness was absolute. With the ophthalmoscope the fundus was seen to be of a reddish yellow. At the autopsy the liver was found cirrhotic. The second was a man, aged 51, who had severe pains in the right hypochondrium and jaundice; the liver was enlarged and tender. By day acuity of vision was normal; at night, if the room was feebly lighted, he could not distinguish objects at but a short distance from him. The ophthalmoscope only revealed a yellowish tint of the fundus.

“Pneumo-bulbar Asthma.”

Dr. MENDELSON, of Berlin, gives the views of Professor Sée on the above subject (*Deutsche medicinische Wochenschrift*, October 15, 1885):

After considering some physiological facts, the following noteworthy conclusions are drawn:—Every kind of irritation of the sensitive nerves, whether painful or not, may produce a widening of the blood-vessels, by exciting the vasodilatory nerves directly or by reflex action. One may therefore assume that an irritating cause arising in the lungs may be acting—(1) Upon the bulbus, whence are occasioned tetanic contractions of the diaphragm; (2) upon the bulbar vasomotor centres, whence it is carried to the vaso-dilator nerves in the lungs. It is well known that all reflex actions often manifest themselves in places whence they were started; likewise, that the pneumogastric nerve also carries vasomotor fibres. The accompanying bronchial catarrh can thus be explained. Observation shows that the congestion is general, and extends even to the nasal mucous membrane.

Abdominal Autotransfusion in Acute Cerebral Anemia.

The *Weekly Med. Review* says: It is well known that serious and even fatal anemia of the brain may be established by the rapid evacuation of the abdominal cavity of large tumors or accumulations of fluid. By the sudden relief from pressure the abdominal veins become engorged with blood and collateral anemia is the consequence. In the *St. Petersburg Medicinsiche Wochenschrift* Dr. R. KOPPE of Moscow reports the case of a twin-pregnancy in a primipara, 24 years of age, of delicate constitution, with a contracted pelvis. The first child was perforated and extracted; the second, in breech presentation, was delivered living. The uterus contracted firmly after the expulsion of the placenta. Suddenly the woman collapsed. In the absence of any hemorrhage, the womb being firm and hard, and in absence of any sign of rupture of the womb, brain-anemia was diagnosed as the probable cause of the alarming state. The treatment consisted in re-establishing proper distribution of the blood that engorged the abdominal veins, by tightly bandaging the abdomen with compresses and roller bandages. The result was most gratifying; the woman became conscious.

Chloral in Whooping-Cough.

The *Therapeutic Gazette* says: As the number of actually specific remedies in disease is but limited, it is obviously an advantage of the practitioner to have a number of medicaments at his disposal which, in default of any specific medication, are known to exert a favorable influence upon the various affections. In

whooping-cough no drug can be said to have a specific action, though a number of remedies certainly are known both to shorten the duration of the disease and to moderate its intensity.

Joffroy, chief of the Children's Hospital of Paris, relies more upon chloral than upon any other drug, and is perfectly contented with its medicinal efficacy (*Journal de Médecine*, No. 3, 1885). In cases complicated with an intense bronchitis or broncho-pneumonia, however, the drug is not indicated. Joffroy prescribes chloral in a confection of currants, which completely disguises its disagreeable taste and allows of an exact dosation. In children under five years of age 15 grains for twenty-four hours is regarded as sufficient, while in older children and choreic patients 30 grains and more may be given *pro die*.

The Quantity of Bacilli in the Expectoration of Consumptives.

Dr. ZENKEWITCH, *Revue de Médecine*, as the result of fifty-one observations made in the clinic of Professor Mering, of Kiel, has determined :

1. That the quantity and quality of the expectoration have no influence upon the quantity of bacilli.

2. That statistics given by Balmer, Fraentzel and Pfeiffer, to show that during the last days of life of the patient the quantity of bacilli attains a maximum, are far from being exact.

3. The amount of bacilli in the expectoration does not depend upon the extent of the pulmonary disease.

4. It is proportional to the degree of fever, which depends also upon the rapidity of the destructive lesions of the disease.

5. Bacilli do not have their origin in the expectoration, whence they penetrate into the pulmonary tissue, but the contrary fact obtains. The statement that they develop mostly in the pulmonary parenchyma (Balmer and Fraentzel) is at least very doubtful.

Violinist's Cramp Treated Successfully by Electricity.

Dr. ADOLPHE WAHLTUCH, Honorary Physician to the Hulme Dispensary, Manchester, reports in the *British Med. Journal* for January 2, 1886, the case of a young woman, aged 19, who consulted him in July, 1885. She had been learning to play on the violin since she was twelve years old; and during the last twelve months, whilst practicing a short time, she felt obliged to stop on account of a painful cramp in the upper left arm and right wrist. On examination he noticed that she could not raise her left arm as high as she did the right one. In getting the violin in the proper position, the cramp and pain manifested themselves in the left deltoid, biceps, and pectoralis muscles; the right hand holding the bow soon felt unable to do so, owing to a weakness in the wrist. In every other respect she enjoyed very good health. The treatment consisted in applying, three times a week, a continuous current of galvanism to each of the affected muscles, separately, for five to ten minutes at a time, using from five to fifteen Leclanché cells. To the right wrist he at first used the faradic, and, later on, the continuous current. In all, nine applications were made within three weeks, when all unpleasant symptoms ceased. She was seen three months later, when

she stated that she could practice then for several hours daily without experiencing any inconvenience whatever.

Acute Rheumatism.

Dr. PEPPER, in a clinical lecture on acute rheumatism, delivered at the hospital of the University of Pennsylvania, described a typical case of rheumatic fever. Speaking of the morbid principle to which the symptoms are probably due, he said it is held by many that this is lactic acid; his own belief was that it is some complex organic substance, which has not as yet been, and perhaps never will be, thoroughly isolated. The great danger of hyperpyrexia from a sudden failure of the heat-controlling center is one that ought always be borne in mind. In his experience, it had generally been associated with a marked tendency to nervous exhaustion, either from the prolonged course of the disease with considerable febrile action, or from worry, anxiety or depression of spirits. The treatment of hyperpyrexia is of the utmost importance. If salicylates and antipyrin fail to bring the temperature down, the patient must be put into a cold bath. His plan is to put the patients into a bath tub and rub them with blocks of ice until they are cool, and the symptoms have passed off, when they are put to bed; he has never seen any injurious results from this plan, and believes that he has saved life by it in five instances.

Gonorrhœal Rheumatism.

The *Therapeutic Gazette* says: We do not think there is any doubt as to the efficiency of salicylic acid and its compounds in all forms of acute and subacute rheumatism, even in that variety of so-called muscular rheumatism which relates itself closely to gout, and is especially seen in those whose ancestral tree bears gouty fruit. The disease known as gonorrhœal rheumatism is probably not rheumatism at all, but is a result of pyæmic poison, or at least is a toxæmic inflammation which is allied to septicæmia. It is therefore not to be expected that the salicylates would be of value in this disease. In a series of papers in late numbers of the *Edinburgh Medical Journal*, already alluded to in the *Gazette*, Prof. T. R. Fraser has shown that this *a priori* reasoning is sustained by clinical experience, and records six cases of acute so-called gonorrhœal rheumatism in which the salicylate of sodium was used freely without success. If, as is believed by Dr. Fraser, this so-called gonorrhœal rheumatism may be produced by non-specific, vaginal, and uterine discharges, its alliance to septicæmia is even closer than we had supposed.

An important observation is made by Dr. Fraser, that the intolerance of the salicylates occasionally met with in patients is often, if not always, due to disease or functional disturbance of the kidneys.

The "Jaw-Jerk."

Under this name, compounded of familiar terms, Dr. DE WATTEVILLE describes in a recent number of *Brain* a phenomenon analogous to the "knee-jerk," or patellar tendon reflex. As the extensor muscle of the leg, when suddenly stretched, contracts by a sharp tap on the tendon, so the masseter and other

muscles of mastication contract when similarly excited by an extensile impulse. The latter is best imparted by applying a flat object, such as the handle of an ivory paper-knife, on the teeth on either side of the jaw, and using an ordinary percussion hammer to strike the required blow. The jaw should not be fixed by any voluntary muscular contraction, and the blow should be struck as near the teeth as possible. The short period of latency of the jaw-jerk, 0·2 of a second, is held to be another argument against the reflex nature of the tendon reaction. The jaw-jerk is exaggerated in many cases of disease, and may even pass into a regular clonus. The latter phenomenon was observed five years ago by Dr. Beevor in a case of amyotrophic lateral sclerosis, published in the current number of *Brain*. Dr. de Watteville mentions a case of hysterical spasms in which the jaw-clonus was present. Further experience alone can show what variations in the jaw-jerk are compatible with health, and determine what diagnostic value its exaggeration and abolition may possess.

Ergotinine Injections in Goitre.

R. Ergotininæ gr. xv.
Glycerinæ,
Aquæ dest āā f 3 ij.
Fiat sol.

S.—Inject 16 minims hypodermically.

COGHILL and BAUWENS (*Journal de Médecine*, No. 3, 1885) recommends the injection of this ergotinine solution instead of the usually practiced iodine injections in goitre. There was little pain attaching to the operation, and no swelling following. The ergotinine was in two cases pushed by them to three grammes (45 grs.) for the same quantity of menstruum, and a slight amelioration of the affection obtained. Later, four injections were made in two weeks, with the following solution :

R. Ergotininæ gr. lxxv.
Glycerinæ,
Aquæ dest āā f 3 ij.

Although a little pain, and even tumefaction, followed, the tumor disappeared entirely at the end of the third week following the last injection.

In exophthalmic goitre the same procedure is apt to be likewise successful, according to the statement of our authors.

Experiments With Numerous Drugs on the Bacillus Tuberculosis.

The *Therapeutic Gazette* says: If Koch's bacillus tuberculosis is actually the cause or infectious agent of tuberculosis, the labors of SORMANI and BOGNATELLI to ascertain the effect of various drugs on the microbe are in the right direction to possibly advance the therapeutic aspects of this affection. We abstract from their papers, "Ricerche Sperimentali sui Neutralizzanti del Bacillo Tubercularea Scopo Profilattico," and "Ulteriori Ricerche sui Neutr. del Bac. Tuberc.," Milano, 1885, simply their general conclusions.

Both authors tested a number of chemicals, especially such which could be thera-

peutically considered as to their influence upon the vitality of bacilli tuberculosis. One c. c. (16 gtt.) of sputum, in which the presence of a large number of bacilli was previously ascertained, was, under the ordinary precautions, mixed with a certain quantity of the drug to be tested, the mixture preserved at a temperature of 35° to 40° (C.) one to two hours, then mixed again, and by means of a disinfected syringe injected into the abdominal cavity of guinea-pigs. These animals, unless they died sooner, were killed after two or three months and examined for bacilli. A large number of drugs showed no or a very slight pertinent action. An appreciable antibacillar effect was obtained from the following drugs in an ascending order: lactic acid, camphor, bromide of ethyl, naphthol, turpentine, chloride of palladium, creasote, carbolic acid, and corrosive sublimate. The following drugs showed likewise some antibacillar virtues: benzine, toluol, oil of caraway, essence of cloves, guajak, chinolin, menthol, and creasote.

Cocaine in Pruritus Ani.

Mr. MALCOLM MORRIS, in a note on "Hydrochlorate of Cocaine in Pruritus Ani" (*Brit. Med. Jour.*), relates the case of a gentleman who had long suffered from this distressing complaint. A solution containing twenty-five per cent. of the drug, with five per cent. glycerine, was ordered to be painted over the extruded mucous membrane and neighborhood of the anus, three times at intervals of ten minutes, the parts being allowed to dry somewhat before moving after the third application. As the result, the patient slept quietly for seven hours. This method was persevered in night and morning for more than a week without any return of the pruritus; it was then omitted for two days, and the irritation returned as bad as ever, while resumption of treatment again gave relief. Dr. Cottle (*Brit. Med. Jour.*, February 7) has tried the remedy in the following two cases: (1) A lady with extensive lichen planus and severe irritation, preventing sleep without narcotics; all usual local remedies were without benefit. A four per cent. solution of hydrochlorate of cocaine was freely and repeatedly applied to and around the spots without relief. (2) A lady with severe eczema of the limbs of long standing, the parts being red, exuding, and partially excoriated; there was most intense itching unalleviated by ordinary measures; a five per cent. ointment of hydrochlorate of cocaine in vaseline was freely and frequently applied, and rubbed in as firmly as tenderness of skin permitted: slight diminution of the irritation followed. He thinks if it is to do good it should be dissolved in fat or oil, and the condition of parts should be such as to allow of firm rubbing in so as to favor absorption.

Chloroform-mania.

Dr. REHN adds to the literature of chloroform-mania two new cases, which he describes in the *Centralblatt für Med. Wiss.* of January 2, 1886.

CASE I.—A workingman, 42 years of age, who, up to his thirty-ninth year, enjoyed good health, became a morphomaniac on account of violent pains in the inguinal region. And when later even larger doses of morphine failed to afford the desired relief, he began to inhale chloroform, and soon accustomed his system to the drug to such a degree that he could consume a wine-bottleful in twenty-four hours. Rehn presents the following clinical index as the sequelæ of the ha-

bitual chloroform inhalation of the patient: Great depression, irritability, weak memory, lowered intellectual faculty, loss of appetite, emaciation, appearance of gray hairs, œdema, engorgement of the liver, icterus, weak and frequent pulse, and impotency. Withdrawal of the drug made all these symptoms disappear, relapses brought them out again. Later the patient became an alcoholic, and showed psychical alterations such as appear in the beginning of a progressive paralysis.

CASE II.—A lady, 70 years of age, used for thirty years, alongside of large quantities of alcohol and ether, also for variety's sake, chloroform, partly internally, partly by inhalation. The actual quantity of chloroform consumed could not be determined, though it was surely large. In her seventieth year she was seized with grave delirious paroxysms; after their disappearance she "swore off" chloroform and returned to alcohol and ether; of ether she took very large quantities. Rehn infers that chloroform exerts its destructive influence not only upon the red blood-corpuscles, but also upon the nerve and brain substances.

On the Difficulties of Diagnosis in Ulcer of the Stomach.

Before the Medical Society of London, November 30, 1885, a paper was read on this subject by Dr. STEPHEN MACKENZIE, who said that, while the diagnosis of ulcer of the stomach was common enough, occasions of testing its correctness were comparatively rare. It had to be borne in mind that cases presented themselves where an ulcer did exist, without giving rise to any particular or characteristic symptoms; and, on the other hand, there might be a complete clinical picture of gastric ulcer, without any such ulcer being discoverable at the necropsy. Dr. Mackenzie read the history of various cases, exemplifying the uncertainty of the commonest symptoms, and the errors to which they might give and had given rise. Patients suffering from apepsia nervosa might conduct themselves in every respect like one suffering from genuine gastric ulcer. This condition was one, he said, characterized by absolute incapacity of the stomach to retain and digest food, due to nervous causes. The author insisted on the fact that, in cases of nervous origin, any kind of food would probably be alleged to cause pain, even milk; and this, he said, was not generally the case in true gastric ulcer.

Mercurial Soap.

The *Kansas City Med. Index* says that every physician who has had occasion to attempt the administration of mercury by inunction, appreciates the annoyance caused by the use of the two available preparations that we have. The more elegant of the two, oleate of mercury, is inefficient, besides being irritating to a sensitive skin; while the unguent. hydrarg. is nasty. The formula of Dr. Schuster, of Aix-la-Chapelle, for mercurial soap, is published in the January number of the *Therapeutic Gazette*, and is worth the consideration of a trial.

The advantages claimed for it are, that it can be rubbed into the part quicker, does not soil the clothing, and very rarely, if ever, produces an eczema.

Two hundred parts of lard are saponified with one hundred parts of liq. pot. (caustic), and mixed with fifty parts of water. Two hundred grains of mercury are then rubbed up in the most careful manner with one hundred grains of lard,

with the addition of some chloroform, which favors the fine distribution of the metal. We then add, from the above soap, three hundred grains very gradually, so that the preparation receives the consistency of unguent. hydrarg., and under the magnifying glass shows no globules of mercury.

Another soap is prepared by taking one part each of mercury, lard and potash soap, and adding, at a moderate heat, liq. pot. q. s., until complete saponification takes place.

Diphtheria Cured by Tolu Varnish.

Dr. Richard Lord thus writes in the *Brit. Med. Jour.* M. O. L., aged thirteen, complained at two o'clock on November the 10th of malaise. She was in bad spirits, owing to the death of one of her schoolfellows from diphtheria. A saline aperient was ordered, and taken in the evening. Next morning at seven o'clock she said she felt "all right," but complained of sore throat.

Upon examination, thick, well formed, grayish-looking patches, rather smaller than a florin, but of oval shape, with gangrenous edges, were seen over the right tonsil, and on the right posterior pillar of the fauces. At five o'clock in the afternoon the patch had somewhat increased, and two small patches were seen on the other side. The diphtheritic spots were re-covered with the varnish, as recommended in Dr. Morell Mackenzie's work. Tincture of perchloride of iron with glycerine and chlorate of potash were prescribed as a constitutional remedy. The patient expressed herself greatly relieved by the varnish, and I applied it twice a day, instead of once, as advised by Dr. Mackenzie. In about forty-eight hours from the time when it was first seen, the membrane began to disappear, and on the evening of the fourth day, not a trace of it remained.

I may add that it is important that the fauces and tonsils should be first well dried with blotting-paper. The solution can be most conveniently applied with a camel's hair pencil fixed into a long wooden penholder, as supplied by Messrs. Maw.

The method of treatment which I have found so successful in this case being, I believe, little known, I think I shall be doing a service to my brother practitioners in placing it on record.

Hysterical Œsophalgia.

Dr. POLLAK thus writes in the *St. Louis Med. and Surg. Jour.*, October, 1885: A man about forty years of age, quite tall, about six feet one inch at least, and very thin, and who was the father of nine living children, consulted me. He had been in good health and had never known an hour's sickness in his life; but from January of this year he commenced to feel pain in his stomach. When he ate he felt pain and oppression in his stomach which gradually increased to such a degree that eating became very severe labor, and he insisted upon it that he could not swallow anything; whenever he tried to swallow anything he regurgitated it. When it was once in his stomach he felt comfortable enough. I told him after examining him very carefully that there must be some tumefaction or constriction of the œsophagus, and begged him to allow me to use the œsophageal bougie to find out whether there was any stricture; but he would not submit at all. I injected five drops of a one-grain solution of morphine into the stomach, and

then made him wait a little while, while I went in to breakfast; I came out bringing a cup of coffee and a slice of bread and butter, and commanded him to eat it. He drank the coffee and ate the bread and butter, and felt comfortable afterwards. I told him to come back the next day, giving him no medicine, and the next day he came back, and I begged him to allow me to use the bougie. He was inclined to refuse, but his wife persuaded him, and I introduced it with perfect ease; there was no difficulty at all. The next week he went to work. I have not seen anything of him since. I think, however, it is a case of hysterical œsophalgia, which is very well for rich people, but how a poor man with nine children can indulge in an hysterical œsophalgia, I do not understand.

Chloride of Aluminium in the Treatment of Diphtheria.

The *Therapeutic Gazette* says: The generally-accepted idea as to the pathology of diphtheria is that it begins as a local disease, and develops afterwards into a general one, and that the general infection is kept up by the local one. The disease establishes itself first in one spot, and then it distributes itself throughout the body. The indications that naturally, therefore, call for treatment at the early stage of the disease, are to destroy its progress by local treatment. This can be accomplished, according to Dr. JAMES F. SULLIVAN (*Pacific Medical and Surgical Journal*, November, 1885), by the local application with a sponge of a solution of nitrate of silver, one drachm to the ounce, applied three times the first twenty-four hours, and twice the second. This application, it is claimed, will generally cut short the disease, and always relieve the local symptoms and general fever. This application not only destroys the fungus, but acts as a healthy alterative and astringent to the diseased mucous membrane, by coagulating the albumen of the subjacent tissues and retarding exudation.

The next most important measure in local treatment is irrigation of the throat every half-hour with warm water medicated with the solution of chloride of aluminium, in the proportion of two tablespoonfuls to the cup. If the patient is old enough to gargle effectively, that will be sufficient; but if not, the throat should be washed out with the solution by means of a Davidson's syringe. The chloride of aluminium, by its antiseptic and astringent action, seems to put a new face on diphtheritic surfaces within a few hours. Its effects are claimed to be surprising, and as it is non-poisonous it may be used very freely. Where the use of nitrate of silver is objected to, this solution could be applied of full strength, either with probang or syringe.

Tubercular Meningitis following a Blow of the Head.

Before a recent meeting of an English Medical Society, MR. MARTEN brought forward the case of a boy, aged 7, who, previously to his fatal illness, had appeared to be enjoying fairly good health, with the exception of a slight discharge from both ears, which had persisted for some months. His head was knocked against the wall on December 10th, and, from this date, he suffered from sickness and persistent headache. He continued to go about till the morning of the 20th, and was then found by his mother totally unconscious. When admitted to the hospital, on December 22d, he was perfectly unconscious; the pupils were equal,

and reacted to light. The breathing was quick and shallow; the pulse small, but irregular; the lips covered with sordes; the tongue thickly coated; the abdomen was much retracted; the *tâche cérébrale* was very marked; all his limbs were quite stiff. He continued in the same unconscious condition, and died ten days after the blow was received. The mother, one brother and sister, had died of phthisis. The *post-mortem* examination showed the body well nourished; there were no evidences of any injury. The convolutions of the brain were found to be much flattened, and a few scattered tubercles were seen about the base of the brain and up the Sylvian fissures, with obvious meningeal inflammation around. There was a marked excess of fluid in the ventricles, and a dilated foramen of Monro. The lungs were studded with tubercles, especially at the apices. The kidneys showed caseous deposits in the pyramids, and some pyelitis. There was no evidence of extension of the inflammation from the tympanum. Mr. Marten said the case was of interest from a medico-legal point of view, as it was difficult to determine to what extent the blow was the cause of death. The meningitis proved to be tubercular, and a verdict of death from natural causes was returned.

The Treatment of Old Corneal Opacities.

In a recent number of Graefe's *Archiv für Ophthalmologie*, Dr. DANTZIGER advocates the treatment of old opacities of the cornea by friction performed daily, and continued for two or three months if necessary. When the opacity is of moderate size, but of considerable density, it is recommended that it should be first scraped away, and the friction, or "massage," commenced as soon as the epithelium has been re-formed. The scraping is performed with a Graefe's knife, used in the same manner in which one scrapes away a blot with a penknife. Antiseptic precautions are used, and iodoform is applied as a dressing; cocaine produces sufficient anæsthesia. Atropine and warm fomentations are used if the reaction be very great; by the fifth to the eighth day the epithelium has generally been reproduced, and the "massage" is then commenced. A minute piece of Pagenstecher's ointment is introduced, and the upper lid is then moved from side to side over the cornea with the forefinger, with a rapid to-and-fro movement, for about half a minute. Some hyperæmia is produced, which should not last more than a few minutes; if it last as long as half an hour, the treatment must be used cautiously, and may have to be abandoned. The author gives a detailed account of ten cases, in four of which the friction was preceded by scraping. With the exception of three, all were opacities which had existed in a stationary condition for more than three years, and in all except one (in which the whole cornea presented a greyish opacity) there was a very great improvement in vision, sometimes without any obvious clearing of the cornea. An improvement from $\frac{1}{8}$ to $\frac{3}{8}$ in three months would, perhaps, about represent the average result of the cases, but in some it was much better. Those who know how very intractable these cases are under ordinary treatment, will welcome any method which offers a reasonable prospect of ameliorating their condition; and should these results be borne out by wider experience, a very valuable addition will have been made to the resources of ophthalmic surgery.

Nitro-glycerine in Interstitial Nephritis.

In *L'Union Med.*, PROFESSOR ROSSBACH reaches the following conclusions: 1. That in small white kidney, the augmented quantity of urine secreted by the healthy portions of the gland depends on other conditions than high arterial tension. Can this exaggeration of function result from a greater permeability of the healthy capillary walls? Thomas has at any rate shown the rapidity and facility with which not only soluble crystalloid substances, and colloids, but especially vermillion, pass without rupture the walls of the capillary vessels of the cortical portion of contracted kidneys.

2. It appears probable that high blood pressure favors the production of the most grave symptoms of small white kidneys, such as asthma, retinitis, etc.

3. Nitro-glycerine is an excellent remedy in interstitial nephritis.

Therapeutic doses of 0.0005 to 0.001 milligramme often cause temporary headache, which disappears in a few days.

Rosbach dissolves a given quantity of nitro-glycerine in ether, and mixes this solution with two parts of chocolate in powder, and one part of gum arabic. For each decigramme of nitro-glycerine, 200 grammes of the above mixture is taken. The ether is allowed to evaporate completely, and the remainder is triturated with sufficient water to form a thick paste, which is formed into small tablets containing each 0.005 or 0.001 milligramme, which is the dose to be given 10 or 15 times a day at hourly intervals. The 1 per cent. alcoholic solution seems to us to be more convenient, practicable, and exact. In Rosbach's opinion, nitrite of amyl gives less favorable results; nitrite of sodium or potassium acts as a poison, causing, even in small doses, severe headaches, etc. Every patient refused to continue it. The patients treated with nitro-glycerine left the hospital relieved at once.

Urethan.

In the *Brit. Med. Jour.*, February 20, Dr. A. S. MYRTLE thus writes: Since October, I have been using urethan in a variety of cases with satisfactory results. I have used it in over fifty cases as a sedative and hypnotic, and my experience of its action encourages me to recommend the drug to the readers of the *British Medical Journal*, believing that, in certain cases, it will prove of great value. The cases in which I have prescribed it were of the usual run of every-day practice, where a sedative or hypnotic was required; general restlessness, sleeplessness, neuralgia, catarrh, certain forms of skin-affections with great irritation, also rheumatism and gout. Many of my patients had some peculiarity of constitution which prevented the use of opiates of the usual type; and it is in this special class that I think urethan will prove of great value. One gentleman, who had suffered from insomnia for weeks, and who can not tolerate opium or chloral, took 15 grains at bedtime with the most perfect result. He wrote to me and said: "The sleep caused was most pleasant and refreshing, I awoke without a headache, with appetite for breakfast, and what was equally agreeable, there was no interruption to any of my functions." Similar testimony has been given by the majority of patients, who have taken full doses to produce sleep. In smaller doses, its action is less marked, still it is decidedly calmative and agreeable, causing no unpleasant effect, such as nausea, flatulence, constipation or headache. It does not affect the nerve-centres of circulation or respiration, but spends itself

on the cerebrum. It possesses, therefore, great advantages over the older and valuable sedatives, which have certain evil influences, especially in exceptional cases. Given in gout and rheumatism in full doses, alone or in combination, it has the great advantage over morphia of not interfering with the action of the bowels or kidneys; besides, it is not unpleasant to the taste; the only objection to it is its price, although that has been reduced 50 per cent. since I gave my first dose three months ago.

Ichthyol in Chronic Rheumatism.

The *Weekly Med. Review* says: Ichthyol, a peculiar product that contains large quantities of sulphur, and was introduced into dermatology by Unna, of Hamburg, is of value also in the treatment of chronic articular and muscular rheumatism.

Lorenz reports on its efficacy in this respect. His report is to the effect that much amelioration follows its exhibition.

Ichthyol is a mineral oil that is derived from a bituminous lime-slate; the oil is treated with concentrated sulphuric acid. The resulting product is a thick, syrupy, dark fluid, of a peculiar odor.

Lorenz describes a case in point. A lady, 29 years of age, had suffered for twelve years from typical chronic rheumatism. Nearly all the joints were affected, being much swollen and quite painful, so that walking was an impossibility. Her general condition was miserable. Salicylic acid and its salts, colchicum, aconite, the iodide of potassium—all had been tried to no avail. Lorenz ordered ichthyol in a thirty per cent. ointment, and had the affected joints thoroughly rubbed and kneaded with it. After two weeks' treatment the patient was able to walk clumsily, but quite a rapid improvement in this respect soon followed. A second case was reported that also yielded to ichthyol administered locally.

As an example of the eminent antiphlogistic influence of ichthyol, Lorenz says that a felon, attended by the well-known symptoms of excruciating pain, was so influenced by a single inunction with ichthyol that on the next day the swelling and pain were gone, and the skin that had been tense and glistening showed wrinkles. Inflamed lymph glands are rapidly improved by inunctions made twice a day.

In a case of mastitis with threatening abscess, four inunctions made with ichthyol and water, equal parts, effected a cure.

Ichthyol is in the trade at present, and, from all we learn of it, appears worthy of a trial. Its internal exhibition is not yet well understood, and further corroborative reports respecting its influence should be awaited.

Cases of Lead-Poisoning from Drinking-Water.

Before a recent meeting of an English Medical Society, Dr. THOMAS related a few cases out of a number which had come under his observation during the last three years, of decided lead-poisoning from drinking-water:

Dr. Porter read the notes of six cases of lead-poisoning due to contaminated drinking-water, five of which had occurred within the last six months. Three of his patients were employed in the same workshop, where the water had to pass through three hundred yards of leaden service-pipe. In every case the symp-

toms were characteristic, and the water was found to contain more than one-twentieth of a grain of lead per gallon. Dr. Porter attributed the difficulty in determining the minimum poisonous quantity of lead in water partly to differences in individual susceptibility, instancing the predisposing influence of gout and of previous exposure to lead, an important consideration in a town where one of the prevalent trades was a frequent cause of plumbism, and partly to differences among individuals as to quantity, and the conditions under which the water containing lead was consumed. After alluding to the experiments of Heubel and Gusserow in reference to the amount of lead in the tissues and organs, he went on to speak of the action of the Sheffield water upon lead, which appeared to depend upon the presence of a free acid, but whether a mineral or an organic acid was less easily determined. He alluded to the so-called protective coating formed by hard waters, which was itself a source of danger, a hot, dry summer favoring its decomposition. Sulphate of lead was soluble to the dangerous extent of three grains per gallon; and though the carbonate was less so, it might be influenced by water containing excess of carbonic acid. Referring to Dr. Thomas's paper, Dr. Porter said he believed that a red line on the gums had no connection with lead, but was often a symptom of dyspepsia. As to the effect of the use of a tooth-brush on the blue line, he had often remarked that it was only partial, due to the removal of the tartar which facilitated its formation, thus tending to prove that the deposit of sulphide of lead was interstitial. He had several times seen the blue line around molar teeth, disproving the assertion that light was essential to its formation.

A Case of Chorea with Peculiar Nervous Antecedents.

Dr. E. J. KAUFFMANN thus writes in the *Med. Age*, January 25th: A case has lately presented itself that illustrates most thoroughly how all the members of a family may be heir to nervous symptoms, transmitted by the father or mother.

Phœbe Marx, æt. 17 years, has been sick since seven years of age with chorea, which first made its appearance at that period, following measles; she has had chronic symptoms, more or less marked, all of this time, which disappeared at intervals under treatment, but persistently returned. The father of this girl is very nervous, and has always been so; is hysterical. The mother, æt. 42, is a very nervous woman, was hysterical to within a short time ago, and is just recovering from a "parametritis atrophicus chronicus" (Freund), a sclerotic condition of the parametrium in which especially the nerve fibres and ganglia are involved.

The eldest daughter, æt. 23, has facial chorea. The second daughter, æt. 14, has a blepharospasm and is excitable and hysterical. One son has a paralysis of left arm, and the youngest son has had for the past year chorea. The neurotic elements can be traced through the mother's family.

This case is of especial interest. It is well known that chorea occurs most frequently in families in which nervous diseases are hereditary, but seldom do we encounter such a purely nervous history as this one. There are so many conditions which we know are capable of producing choreic symptoms, that we can almost always elicit some cause apparent from the patient. It is far more frequent among the poor. Want of proper food, neglect, ill-usage, with the weakness and anæmia induced by these means, are very common antecedents. This

patient is supplied with all the necessities of life. An intimate association between chorea and rheumatism has long been recognized; bad habits, and disorders of menstruation, are also said to sometimes induce chorea. Intestinal worms, fright, etc., all of which are causes, were absent in the patient referred to. Some of the movements are imitative and can be much improved by pressure on the nerve supplying the muscle or muscles in which the spasms exist.

Liquor potassii arsenitis is prescribed and administered most frequently hypodermically, with very good results.

Zinci sulphatis, iron, cod-liver oil, are the most important medicines.

Any recognized cause should be removed, such as constipation or worms, and should be carefully looked for in children.

If any rheumatism, KI and ammonia are good. Good food, rest, fresh air, etc., all come in for their share, and must never be forgotten—in some cases they form the most important treatment.

Peculiar Case of Hysteria.

Dr. J. M. DA COSTA thus writes in the *Peoria Med. Mo.* for January: "It is with great satisfaction, gentlemen, that I bring this case before you to-day. You will remember this woman as the case of hysteria that I had before you some weeks since, when I told you the patient did not seem to have any desire to *sham*; that the affection was, in her case, a real disease. She would be frequently seized with uncontrollable paroxysms of twisting and twitching, screaming and would fall to the floor, not, however, losing consciousness. You may remember that when I applied the stethoscope to her chest one of these *spells* was thereby excited, and putting her hands to her head she screamed maniacally for some seconds, the whole system, the while, evidencing great perturbation. I bring her before you to-day, I say, with great satisfaction, for our therapeutic procedures have produced wonderful results. She was ordered two grains of valerianate of zinc thrice daily, and she was treated for an erosion and laceration of the cervix uteri that was found. To-day she walks well, having previously suffered from hysterical paralysis; there is no tremor, no loss of power; she has gained flesh, and has had no "spells" since the beginning of treatment until about one week ago, when she had a very slight attack. Her tongue is still somewhat coated and her bowels costive. We have had here much more marked and rapid improvement than we had any right to anticipate; this I attribute to the zinc and to the local treatment. As the tendency towards these attacks is now broken up, we can abandon the zinc and resort to remedies better calculated to improve the general health and build up her nervous system. We will order for her

- R. Liq. arsenici chlor., 5 drops.
 Tinct ferri chlor., 15 drops.
 Syr. simpl. 10 drops.
 Elixir simpl. ad 1 fl. drachm. M.
 S. Thrice daily, after meals.

For the costiveness we will give her every night one-tenth grain aloin and one-twelfth grain extract belladonna, with two grains of rhubarb. If this acts inordinately, we will only give it on alternate nights.

Morbid Somnolence.

Dr. J. HUTCHINSON thus writes in the *Brit. Med. Jour.*, February 20: On January 6th, 1886, about 1 p. m., a gentleman called upon me, asking me to go and see his "domestic," who, he said, had failed to waken that morning, and was now fast asleep. All ordinary means had failed to rouse her. On going to the house I found a stout, florid, healthy girl, apparently about 18 years of age, sleeping, or apparently sleeping, quite calmly. Her mistress told me that the evening before she had suffered from toothache, and that she might have taken an overdose of laudanum. She presented none of the symptoms of narcotic poisoning. I examined the pupils, and found them both markedly dilated. I then shook her, but with no effect. Upon my slapping her cheeks, she put up her hands to cover her face, and began to weep, but other than that she showed no signs of becoming awake. I, with some assistance, got her out of bed, and walked her up and down the floor, when, after a few turns backwards and forwards, she gradually opened her eyes, looked dazed, but shortly came to herself. I ordered her a strong cup of coffee, and after that a cold bath. I asked her to come to me in the evening, when she told me the following story. She is aged 15, a strong, full-blooded country girl. Her family history is good. She herself had gone through the usual infantile ailments, but never had any illness of long duration. She had not yet menstruated, and had never felt any indication of it. She had always lived in the country, and had only come to town about a couple of weeks ago. She complained of nothing; indeed, at the time she was speaking to me, she was not conscious of any ailment, and was quite at a loss to account for her excessive somnolence. About a month ago she felt this extreme drowsiness coming over her, but then thought nothing of it. I found that she had distinct anæsthesia of the right side, and pain under the right breast, and headache; she never had "fits" of any kind. She had never felt this pain so severe as to complain of it, but she had noticed that she was not quite so handy with the right hand as with the left. There was no ovarian pain.

On the morning of January 13th, I was again called to see her on account of sound sleep. Her mistress had tried the somewhat rough and ready remedies of my former visit, but with no effect. The most remarkable feature of this second attack, was that, though seemingly sound asleep, as soon as I spoke to her she cowered; and, on being ordered, in a peremptory tone, to walk about the room, she got out of bed, walked across the floor backwards and forwards, avoiding chairs and tables, turning when I told her, and all the while in an apparent sleep. I washed her face well with cold water, which gradually wakened her. She told me afterwards that she heard my voice quite distinctly, but could not speak or open her eyes, and, when ordered to walk about, she felt compelled to obey me.

A Murmur that was not Indicative of Heart Disease.

Dr. E. J. KEMPF thus writes in the *Louisville Med. News*, Dec. 19, 1835. The following mistake may be a warning to some young physician not to jump at conclusions.

In May, 1885, Miss H., of D., was sent to me by Dr. B. for examination and advice. The lady was eighteen years of age, single, of a weakly build, anemic,

and melancholic. She had a short, dry cough, which seemed more habit than anything else. Her appetite was bad, her bowels were constipated, she was nervous and hysterical; her monthlies were irregular, scant, and painful; she was troubled with backache, and a general weariness.

I examined her lungs with the stethoscope and by percussion. Resonance clear; both sides being equally resonant. Breathing, expiratory sound prolonged; voice, only slightly intensified; a few sibilant râles; no dullness at the apex of either lung, and no bronchial breathing. The heart sounds, systolic and diastolic, were thought to be normal. In the left infra-clavicular space I discovered a murmur, very distinct, and corresponding to the first sound of the heart; it was therefore a systolic murmur.

My diagnosis of the case was a "pulmonic-obstruction" disease of the heart. A constructive treatment was advised, and a guarded prognosis was given; this in a letter to the attending physician.

The advice I had given to the patient and the constructive treatment did her a great deal of good, and she came back to see me again in a few weeks. She was more cheerful, and was picking up flesh rapidly.

Having much curiosity to see what that "pulmonic obstruction" was doing, I again examined the patient's heart. The attending physician had also heard the murmur on my calling his attention to it, and he agreed with my diagnosis. I found the systolic murmur in the left infra-clavicular region as before. But while I was listening to the murmur it struck my mind that the murmur *decreased as I left the shoulder*, and moved toward the sternum; whereas a pulmonary murmur is greatest at the junction of the third rib and the sternum, and *decreases going toward the shoulder*.

I saw my mistake. It was a murmur in the left subclavian artery, and may have been a normal peculiarity or an anemic murmur. I set myself aright before the attending physician, and told the patient her heart was well again.

I lost sight of the patient, and do not know whether she recovered from her illness or not.

At least, I had learned the lesson not to jump at conclusions while examining a diseased heart.

The patient's disease was chlorosis, and not pulmonary obstruction. The patient's main symptoms, anemia, irritable cough, nervousness, melancholia, etc., are found with both diseases.

Choroiditis Following Typhoid Fever.

Before the Chicago Society of Ophthalmology and Otology (October 13, 1885)-Dr. F. C. Horz read a paper in which he called attention to the fact that textbooks record as sequelæ of this fever only corneal ulcers and abscesses, disturbances in the muscular apparatus, as paresis of accommodation and sphincter pupillæ, and paralysis of one or the other of the external muscles of the eyeball and affections of the optic nerve. Affections of the uveal tract are not even mentioned. This apparent immunity of the choroid from the effects of typhoid fever appears very remarkable, if we consider the fact that other acute infectious diseases have been known at times to cause serious disturbances in this tunic. Cerebro-spinal-meningitis and relapsing fevers are known to cause respectively exudation

into the vitreous, with subsequent atrophy of the globe and deposits on Descemet's membrane with posterior synechiæ (cyclitis and iritis.) Similar changes may follow typhoid fever, as was shown by the case cited.

Another interesting feature of the case was the rapid improvement which followed the hypodermic injections of pilocarpine.

A robust young farmer, aged sixteen, consulted Dr. Hotz on January 13th, with reference to diminished vision of the left eye. During recovery from an attack of typhoid fever, in October, he first noticed dimness of sight, which finally became entirely obscured. No syphilitic taint. At the time of examination the following was noted: Right eye V = 20-XX. em, normal fundus. Left eye, counted fingers at twelve feet; there was no pain, tenderness or redness. Transparent media, with exception of vitreous, clear. Pupil slightly enlarged; a mydriatic had not been used. Tension normal. Numerous floating opacities in the vitreous, allowing, however examination of fundus and discovery of a large whitish exudation in the periphery of the upper nasal section.

The patient was given pot. iod. gr. v. three times per diem. He returned February 5th. While at home the eye inflamed (evidently iritis) during two weeks. The brown pigment dots, upon the anterior capsule of lens, outlining size of the pupil, were the same as on first examination. The pupil was larger; and vitreous so cloudy that but a faint reflex could be obtained with ophthalmoscope. He could barely count fingers at one foot. The patient was put under a treatment of hypodermic injections of gr. 1-6 of pilocarpine. After five injections, administered in one week, the vitreous was much clearer. V. had risen to 20-L., but patient felt so weakened from effects of remedy that he insisted on a short intermission. During this time sight grew worse and sank in one week to 20-C:

Descemet's membrane became dusty, and vitreous cloudy again.

Pilocarpine treatment raised V. to 20-L; vitreous cleared up, ophthalmoscope showed a number of disseminated white patches in upper nasal section of choroid. From this time on the eye improved constantly. March 28th, very few opacities in vitreous, V = 20-XXX. May 21st, V = 20-XX, vitreous clear. In the upper nasal periphery of fundus numerous patches of choroidal atrophy.

The Influence of Arterial Tension on Albuminuria.

Dr. JAMES CRAIG thus writes in the *Brit. Med. Jour.*: Most writers on albuminuria more or less decidedly support the theory that increased arterial tension tends to cause albumen to appear in the urine; and the fact that the two symptoms are frequently found co-existing, seemingly lends support to the idea that they are associated as cause and effect.

I submit that the increased arterial tension and the albuminuria are both symptoms of a common cause, an altered condition of the blood; and that the increased arterial tension, so far from causing albuminuria, delays and sometimes prevents its appearance. The increased arterial tension probably prevents albuminuria, in the same way that it diminishes the normal solid ingredients of the urine; in both instances, it increases the watery constituents of the urine; this creates a demand for diluents, and the diluents increase the tension. To exemplify, take an acute case, scarlet fever. The altered condition of the blood sets up increased arterial tension, which more or less effectually prevents albuminuria.

To follow the case, let us suppose an aperient is administered; this alters the condition of the blood, and assists the increased arterial tension in preventing or dissipating the albuminuria; and the cause of the increased arterial tension (the altered condition of the blood) being removed, it also, at the same time, disappears.

Let us now look at a chronic case, interstitial nephritis. The arterial tension, as shown by sphygmographic tracings and by the polyuria, is greatly increased. Accompanying this, we find only a limited amount of albumen in the urine, until cardiac failure arises and arterial tension diminishes, when the albumen rapidly increases in quantity. Or take functional albuminuria. In such cases, I have frequently observed that raising the arterial tension in any way (that does not at the same time increase to an equal or greater extent the solid ingredients to be excreted by the kidney) diminishes the amount of albumen found in the urine, and, if carried to a sufficient extent, will cause it to disappear. Or take the albumen sometimes found in the *urina laboris*. This, in some cases, is owing to the exertion causing so much tissue-waste, and consequent loading of the blood, that the increased vascular tension is insufficient to enable the kidney to eliminate the excess of excrementitious matter. In other cases, the albumen in the *urina laboris* may arise in the same way as the albumen in the urine after a cold bath, that is, from the nervous shock and consequent diminished vascular tension. The excessive escape of the serous fluid giving rise to dropsy, arises from diminished vascular tension, and is removed by increasing the tension. Why should not the escape of albumen from the vessels of the Malpighian corpuscle arise from the same cause?

Anæmia and extensive hemorrhage diminish arterial tension, and are followed by albuminuria. Dr. McGregor Robertson's experiment supports this theory. He injected atropine under the skin of a cat, and found that, so long as the animal remained under the influence of the drug, its urine was albuminous. Not to occupy more space, I submit that all experiments and all clinical observations, when carefully looked into, support this theory; which briefly is, that increased tension tends to prevent albumen from appearing in the urine; and when albuminuria is already established, increasing the vascular tension tends to lessen it.

A Case of Retention of Urine from an Unusual Cause.

Dr. J. HALLIDAY CROOM thus writes in the *Edinburgh Med. Jour.* for February: In a paper which I read to this Society some time ago, I discussed in detail the various causes which gave rise to retention of urine in the female. As a short addendum to what I then said, and as, so far as I know, this cause is entirely unique, I propose to relate the following case:

A young gentleman from one of the hotels in town brought, one afternoon, his wife to my consulting-room, telling me that she was in great distress from a swelling in her belly. Finding it impossible to examine her carefully in my room I went to her hotel, and found on examination a tense round dull tumor extending up to the umbilicus. She informed me that she had passed water recently, and had a constant desire to do so. Before proceeding further, I did what I always do in all pelvi-abdominal tumors, viz., introduced a catheter. As a result I removed about two quarts of urine. Being at a loss to know the cause, on in-

quiry I found that she had been married two days previously, and that since the night of her marriage she had complained of more or less distress, and had passed water only in very small quantities since. On examination, *per vaginam*, I found that the hymen, which was unusually thick and fleshy, and which was of the usual crescentic form, had been completely torn in the centre, and that the mucous membrane covering the posterior vaginal wall had been deeply lacerated for at least an inch. At the time of first intercourse there had been considerable pain and some hemorrhage, the patient stating that afterwards she had felt sick and faint. Both parties believing what had occurred to be the usual state of matters, the husband renewed his attempts later on in the morning, but since that time until she saw me no further intercourse had taken place.

I mention this case, firstly, for its extreme rarity. Irregular ruptures of the hymen have been already discussed in this Society, in an exhaustive paper communicated by Professor Shroeder, although no mention is there made of deep laceration of both hymen and vaginal wall such as that I have described. Twice before I have seen as a result of violent intercourse considerable and even deeper laceration of the posterior vaginal wall than in the present case, but unassociated with retention of urine. Secondly, the case belongs to that class of retention cases which are reflex in their causation. It belongs exactly to the same class as retention of urine in the puerperal woman from laceration of the perineum, or as in retention arising from a urethral caruncle.

Winckel has shown, and in the paper by myself to which I have already referred I found that catheterism is more frequently required in childbed, the greater the injury to the perineum, and it is probable that the relation between the necessity for catheterism and hymeneal laceration may be even closer.

The retention of urine is, in my opinion, not due, as some have said, to the patient voluntarily retaining her urine from the dread of allowing it to come in contact with a raw tender surface, and as a consequence, the retention becomes involuntary from over-distension and temporary paralysis of the muscular coat of the bladder. Rather is it due to a reflex mechanism. It seems to me that this case, in common with all those of perineal laceration accompanied with retention, arises from tonic spasm of the sphincter vesicæ, caused by the stream of afferent stimuli reaching the centre from the nerve-endings in the lacerated wound.

Hysterical Paralysis in a Boy aged Seven Years.

A correspondent of the *Brit. Med. Jour.* describes this case: The patient, a boy, aged 7 years, is one of a family of eight children, four being older, and three younger, than himself. In none of these is there any history of convulsions or other nervous complaint. The father, a clergyman, is, however, of a highly nervous temperament. Under strong emotion he loses the power of co-ordinating the movements of his legs. The mother is quite healthy, and not by any means an excitable woman. Two years ago the patient had an attack of typhoid fever, following almost immediately after scarlatina. From these, however, he recovered, only that he has had, since then, a slightly enlarged condition of the tonsils, and also a tendency to diarrhœa, having usually two or three motions in the course of twenty-four hours. He was never strong, and, during these two years, has been more inclined to occupy himself with books, pictures, and practicing

drawing, than with the ordinary childish and boyish sports. Four weeks ago, I was sent for to see him; his father said he had had some kind of fit. I could not, from his description, form an idea of its nature. When I saw the child, he had paralysis of the muscles of the mouth and eyebrows, also of arm, with squinting. When asked to walk round the room, he limped, as if the knee or ankle pained him. No history of a blow, or fright, could be got. Worms in the intestine were suspected, but had never been seen. In case these should be present, a purge was given, also *santonin*, but with negative results.

I prescribed for him a mixture containing bromide of potassium, the dose being ten grains every four hours, and ordered that the child be kept perfectly quiet, and that all lessons be stopped; letting him, however, have his pictures to amuse himself with. During all this time the child was perfectly sensible, and could always give an intelligent answer to any question asked of him. This condition lasted for two or three days, when it was noticed that the left arm and left leg were becoming gradually weaker, and by the fifth day the boy was unable to walk. When he attempted to do so, the leg was dragged on the floor, and he soon fell. There was flaccidity in both arm and leg. In the arm the power of grasping was retained, but it was much weaker on the left side than on the right. I was told by his parents that he occasionally had "fits," like that which he had had at first, but I did not happen to see him in any of them. About a week from the commencement of his illness, I was hastily summoned to go and see him, as he was said to be very much worse. On entering the room, I saw the child in what was apparently a well-marked hysterical fit. I took him out of bed, and finding he knew me talked firmly but gently to him, and, before I left the house, all evidence of the fit had passed away. I told the parents what I suspected, and also informed them that the cure lay very much in their own hands. Galvanism was employed to keep up the tone of the muscles in the arm and leg; and here I may state, that in the affected arm and leg a current could be borne so strong that I myself could scarcely bear it, while the other side was as susceptible to electricity as one would expect in a child. Occasionally, signs of hysterical fits appeared, but these were promptly checked.

Seeing him one day limping and dragging his leg, I told him I could not allow him to walk in that way, and had the pleasure of seeing him walk properly; and he has gradually improved, until now he walks nearly as well as ever he did.

A Large Liver.

DR. C. W. HEFFNER, thus writes in the *Med. Age*. This case is of interest to me for several reasons, but especially for two, viz: Its rapid growth, and because I do not know what the trouble was.

The unfortunate man was 39 years old; had, for several years, been employed as laborer in a gas works; complexion dark; well muscled and rather firmly built; always had very good health, never had any sickness. As I get the history of the case it runs as follows: About Feb. 1st, 1885, he began to have slight uneasiness, after meals, in the stomach, also a feeling as if "bloated;" no pain of any sort, and working all the time at driving wells, having left the gas house and entered the pump business. This "dyspepsia," as he called it, continued to trouble him more or less at times until about the 5th of August, 1885, when he

said he noticed an enlargement at the "pit of his stomach." Previous to this time, however, his bowels were very much constipated, and he frequently got medicine from his physician for them.

He continued at work again until August 25th or 26th, when not feeling as well as usual he rested, working again Friday and Saturday, August 28th and 29th. Sunday morning, Aug. 30th, he noticed for the first time that his feet were slightly swollen. This alarmed him, and he called his physician. He had noticed for three or four days previous to this that his breath was shorter, but thought nothing of it. He was going about, and this, with the treatment given him, lessened the œdematous condition of the feet, and to all appearances he was better. On September 7th he was up town to see his physician, having for a day or two been shorter of breath than usual. He now noticed that the "swelling" in his side was slightly increased. Tuesday night (Sept. 7), being so much more distressed than usual, he had his physician called without, however, gaining any relief. Enlargement in the region of the liver increased very rapidly. Wednesday found him no better, but very much worse; breathing rapid, pain not so bad until evening, when the suffering was considerable. Thursday morning found him very much worse: pulse 120, respiration 60, shallow and painful; suffering intense. Thursday at 4 p. m. he changed physicians. Friday morning at 8 a. m., in company with attending physician, I saw the patient. Found pulse 160 to 200, irregular and intermittent; temperature slightly below normal; respirations 80 per minute, actually panting. Hypochondriac region much distended; pain almost intolerable.

I do not know the treatment before, but now he got hypodermic injections of morphine, gr. ss, and atropine gr. $\frac{1}{6}$. This did little or no good, and he died at 11 a. m.

Post-mortem revealed everything normal save the liver, which was very much enlarged, weighing 19 pounds. The surface was smooth, and perfectly intact. There was no part of it broken down, no hard nodules, but very heavily pigmented. I was so anxious to know the cause of all these peculiar phenomena that I sent a specimen to a microscopist for examination, but never got any return. One diagnosis before death was Hodgkin's disease; another was cancer of the stomach.

I report the case because of the size of the liver, because of the little attention it attracted until so near the end of life, and because of the uncertainty of its cause.

Amnesia Following Rheumatic Arthritis.

Dr. M. J. BERNSTEIN thus writes in the *Lancet*: The occurrence of amnesia, and subsequently of further symptoms of brain disease, in a patient who had been suffering from rheumatoid arthritis for several years is, for the rarity of such a combination, in itself worthy of record. What etiological connection there existed between the one and the other it would be difficult to say, especially as the etiology of rheumatoid arthritis is itself somewhat obscure.

On April 26th I saw for the first time the following case: L. L——, aged forty, cap-maker. Family history good; no history of rheumatism in the family. He was first attacked by rheumatism in the right knee nine years ago. Three years

ago the right ankle was attacked; nine months ago the left knee was affected. The right knee is now, though somewhat enlarged, comparatively well. With regard to the cerebral symptoms, four months ago he had a slight fit; he fell down from the chair in which he was sitting, and was unconscious for a few minutes, but was very soon all right again. Nothing further was noticed until the beginning of April, when it was first observed that he could not speak properly.

Present Condition.—There is great debility and emaciation. The left knee and right ankle are swollen, painful, and tender. In speaking, he shows distinctly that he is suffering from amnesia. He forgets words completely, sometimes substituting others in their place: thus, he calls a looking-glass a “mantel-piece”; but this is exceptional, as, for the most part, he simply fails to recollect the word and cannot give it; he articulates correctly, and repeats the word as soon as it is suggested to him. His mental power is not impaired. As he could never read or write, it is impossible to test him in these respects. But in the case of some prayers which he has been in the habit of repeating daily, he can still repeat them quite correctly when the first words are given him; but he can only do so at a rapid rate and without a pause; the least pause effectually stops further progress, and he must commence again, the process really being nearly automatic in character. The motor power in both upper extremities is unimpaired; that of the legs being interfered with by the articular disease.

The patient, in the progress of the case, from the first time of my seeing him until his death, which occurred on September 6th, presented no changes in the symptoms already described, excepting in degree. At times, particularly in bad weather, there would be an exacerbation of the rheumatic symptoms, and then the amnesia would also become worse, and would become better again with the abatement of the rheumatic symptoms. But in the last month of his illness his intellect became feeble; he became emotional, bursting into tears on the slightest provocation; had constant suspicion that his wife was concealing some trouble from him. He was, finally, almost unable to speak through the increase of the amnesic condition.

I was, unfortunately, unable to obtain a post-mortem examination, so that the actual cerebral conditions can only be conjectured. It is most probable that the slight fit described as occurring four months before my first visit and about nine months before death marks the occurrence of a rupture or embolism in a very small vessel in the brain, and that this was the starting point of further changes. But what is most remarkable is that the amnesia should vary in intensity, at least in the earlier stages of the disease, according as the arthritic condition varied. That would appear to point to some closer dependence of the amnesia on the rheumatism than that already indicated.

Poisoning by Oxalic Acid, Followed by Partial Suppression of Urine and Acute Nephritis; Recovery.

Dr. DONALD W. C. HOOD reports this case in the *Lancet*, February 20: D. W——, aged forty-two, laborer, was admitted on June 9th, 1885. Shortly before his admission he had taken half an ounce of oxalic acid mixed with hot tea. The patient stated that almost immediately he became unconscious. He was brought to the hospital at 9 a. m., being in a collapsed condition, with sub-normal tem-

perature (97.2°); pulse very feeble (120 to 130), scarcely perceptible at the wrist; no delirium; face livid and cold; extremities cold; pupils normal; mind entirely clear; throat extremely painful; tongue with white coating on dorsum, otherwise not much burnt; almost constant retching, any fluid swallowed being immediately returned; vomit giving characteristic reaction, becoming black after standing. The patient was treated with lime-water and albumen, the tendency to collapse and syncope being kept in check by brandy and sinapisms.—2 p. m.: Quietly dozing; temperature normal; pulse 90, very feeble; retching still obstinate.—10:30 p. m.: General condition improved; pains in the throat less. Now makes complaint of great pain over the region of the bladder and right hypochondrium. Is unable to pass urine; 20 oz. drawn off by the catheter, and found to be normal.

June 10th. Passed a fair night. Pulse 68; pain in bladder, which does not appear to be increased by pressure; still vomits; has passed no urine.

11th. Voided 3 oz. of urine, which was unfortunately thrown away. Pulse 78; temperature 100° . Pain in the loins. Vomited much.

12th. Urine 3 oz., thick, straw-colored; sp. gr. 1012; neutral; nearly solid on boiling; deposit of blood-corpuscles and large granule cells; no casts. Vomiting continues the most troublesome symptom. The abdominal pain is less.

13th. Urine 3 oz., character same as last. Vomiting more troublesome; everything taken by the mouth is thrown up immediately. On one occasion about a pint of black fluid (altered blood) was ejected. Ordered to take no food by the mouth; to be fed entirely on nutritive enemata.

14th. Feels very weak; irritability of stomach much better. Retains enemata well. There is marked pain over both renal regions, and slight swelling of legs. Tongue almost denuded of epithelium.

16th. Since the last note he has passed more urine, as much as 24 oz. during the night; is still highly albuminous.

18th. Since the 13th he has been fed entirely by the bowel. To-day he was ordered a little milk, which was swallowed without difficulty or pain, and was retained. Urine normal in quantity.

19th. Quantity of urine 70 oz. during the night.

20th. Urine 144 oz. during the twenty-four hours; it is still highly albuminous; examined for urea, it was found that an average of 700 grs, per day are being passed; the deposits consists of granular cells; casts containing granular cells, others simply granular, and others hyaline.

25th. Since last report the patient has been passing very large quantities of urine, from 150 oz. to 120 oz., in the twenty-four hours; the albumen is gradually decreasing, as are also the deposits. His general health is much improved. He retains all food, and feels stronger and better in every way.

July 3d. Discharged well. No trace of albumen has been detected in the urine for the past three or four days. The patient expressed himself as feeling strong and well.

The Action of Salt Baths in Febrile Patients.

To study the parallel action of salt and sweet-water baths on the temperature, pulse, respiration, and muscular strength in febrile patients, Dr. M. F. Rabinovitch (*St. Peter-burg Inaugural Dissertation*, 1885, p. 44) carried out a series of experiments on fifteen patients, in the Nikolaevsky Military Hospital, suffering from uncomplicated enteric fever. In all, eighty-two parallel baths—forty-one of salt water and forty-one of sweet water—were used. The temperature of the baths varied between 18° and 27° Reaum. ($72^{\circ}.3$ and $90^{\circ}.75$ Fabr.), being mostly 20° Reaum. (77° Fabr.); the duration was from ten to twenty minutes; the concentration of the salt solution used, from $1\frac{1}{2}$ to 4 per cent. A 1 per cent. salt bath of twenty-two pailfuls of water required $6\frac{1}{2}$ pounds of chloride of sodium.

The parallel baths were made in a given case in such a manner that one day the patient took a salt bath in the morning and evening, and on the next day a sweet-water bath under all possibly identical conditions. During the bath the patient was energetically rubbed with hands by two men. The author arrived at the following results:

1. Salt-water baths lower the temperature (both the rectal and the axillary) in febrile patients somewhat more energetically than sweet-water baths, the average surplus being about $0^{\circ}.40$ C. [Dr. Makavëëff, in his *St. Petersburg Inaugural Dissertation*, 1881, "On the Action of different Mineral Baths in Staraia Russa," says that, from salt baths at 26° or 27° Reaum., he has obtained the same effects as were observed by Winternitz from cold baths with shampooing. In the *Meditz Vestnik*, No. 28, 1884, Dr. V. N. Kossovsky, who studied the effects of bathing in Repnoë Ozero, a lake containing about 10 parts of chloride of sodium in 1,000, seemed also to think that salt water impresses the bodily temperature more energetically than common water.]

2. The difference remains marked for about three hours after the bath. The fall of temperature after evening baths (both of common and salt water) is more considerable than after morning baths.

3. Salt baths retard the pulse slightly more (from 2 to 6 beats a minute) than common ones. [In the *Venno Sanitarnoë Delo*, 1883, Dr. Buch, who studied the action of Staraia Russa waters, also states that after salt baths at 25° R. the pulse is retarded about 2 to 10 beats a minute. Makavëëff (*loc. cit.*) also saw a retardation of the pulse after salt baths at 27° R.] After salt baths, the pulse is tenser and fuller than after sweet-water ones.

4. Respiration is, similarly, more retarded by salt baths than by common ones, the retardation continuing for three hours. At the same time, after salt baths both inspiration and expiration become deeper and more prolonged than after common baths.

5. Salt baths increase muscular strength (as measured by Colin's dynamometer) somewhat more than common ones, the average difference being about 1.1 kilogramme.

6. They act more refreshingly on the patient than sweet-water baths; the patient feels more cheerful and more comfortable.

7. Taking all in all, the difference between common and salt baths is not so considerable as to impress, in any special way, the functional action of the heart and lungs. [Meanwhile, Drs. Bertenson and Voronikhin (see their works on

“Mineral Baths, Mud-Baths, and Sea-Bathing in Russia and Abroad,” 1884), as well as Dr. O. Motchutkovsky (see his “Contribution to the Study of Therapeutic Action of Odessa Limans,” 1876) think that salt water acts differently on the system than sweet water.]

8. Still, as a hydrotherapeutic agent in the treatment of febrile diseases in children, salt baths deserve preference before common ones.

Infant Feeding.

Before the New York State Med. Soc., 1886, Dr. E. F. BRUSH, of Mount Vernon, read a paper with this title, and pointed out some simple methods of feeding an infant when it had been deprived of the breast. He urged the value of simple foods in preference to the so-called “patent foods,” the composition of which was often unknown. He had examined the composition of the once famous “Liebig’s Food for Infants,” and of another popular food, and indicated the dangerous amount of alkali contained in them, citing Dr. Jacobi’s warning that “we are not very careful in doses of alkalies in general,” and Dr. Stillé’s remark that alkaline treatment “lessens the amount of fibrin in the blood.” He showed, by the figures furnished by one of the advocates of peptonized food, that the results of such feeding were not satisfactory. Proceeding, then, to the immediate subject of his paper, he stated that one of the greatest elements of failure in the artificial feeding of infants was the desire to give one sort of food alone under all circumstances, and hence the blind prescription of patent foods. He advised, on the contrary, the preparation of foods from simple articles to meet the requirements of each case as it arose. When with the food thus prepared there was a failure, the physician at least knew what the failure arose from. Commencing, then, with the child at birth, the author gave his formula for the best substitute for colostrum, and his further treatment if the cathartic effect was either excessive or defective. He then discussed the question of the best staple food. He had no hesitation in saying that it was cow’s milk, which, however, was subject to many conditions that rendered it unfit, unless due care was exercised. In 1879 he had pointed out the difference between the milk of the ruminant and non-ruminant animals as regarded particularly the quantity and quality of the casein contained in them, and the difficulty experienced by infants in digesting a milk intended for calves. When an infant vomited a hard curd, the indications were that the milk must either be prevented from coagulating in the stomach, or coagulated and broken up before entering the stomach. He showed that it was inadvisable to use an alkali, and therefore preferred the latter course—that of coagulating and breaking up the milk before giving it. In other cases he recommended the addition of lime-water as the safest agent, as it did not, like other alkalies, keep the stomach in an alkaline condition, nor cause an acid condition of the intestines. In case of diarrhœa in children fed on milk, the indications were to stop the milk immediately. The milk was usually the cause of the trouble, and it was rendered unfit by the physical condition of the cow, such as rutting, gestation, the ingestion of poisonous herbs, cruel treatment, and the like, to all of which states many cases of diarrhœa in infants could be traced. In these cases of diarrhœa he recommended oatmeal water, which his analysis had convinced him was somewhat similar to milk in composition. He insisted on the necessity

of the medical attendant himself preparing or teaching the preparation of these simple foods. In all cases the child should be put back on its ordinary milk diet as soon as possible. As to the kind of cow best adapted to supply milk, he preferred the common grade cow to the Jersey or fancy breeds. The latter were of a tuberculous tendency, the fat in the milk was not sufficiently emulsified, and they were of an excessively nervous temperament, while the common cow ordinarily was gentler and a good feeder. She should always be stall-fed. When milk was bought, that of one cow should always be avoided. In cases of constipation, raw malt-water, carefully prepared as a diluent of the milk, was efficacious.

Dr. Jacobi said that the tendency of cow's milk to coagulate in a very hard curd could be overcome by a method which he had some years ago learned from Dr. Loomis. It consisted in adding half a teaspoonful of dilute muriatic acid to a pint of water, mixing this with a quart of milk and then boiling. The taste was pleasant, and coagulation would take place in fine particles, as in woman's milk.

Aneurism of the Left Internal Carotid Artery in its Extreme Upper Portion Ruptured Into the Pharynx.

Dr. MARTIN F. COOMES thus writes in the *Medical Herald* for February: On the morning of December 14, 1885, I was requested by Dr. C. B. Blackburn to see Mollie Ward, a courtesan, who had a severe hemorrhage that morning. When I arrived at the house I found the woman prostrated, with the pale face, weak voice, feeble and peculiar pulse which follows the severe loss of blood. There was a basin sitting by the bed containing about one pint and a half of blood. Upon making a critical examination I found that the greater portion of it was clotted, which made it evident that there was not much exaggeration about the quantity. I examined the pharynx and found it nearly filled with a clot of blood. This I did not disturb. I could see no evidence of any open surface in the nose, pharynx, larynx or mouth. Of course I could not tell what was under the clot. The woman asserted most positively that she had never had syphilis. This, however, did not satisfy me on that point, but further investigation failed to elicit any fact that would indicate that she was suffering at the time from syphilis. Those who were with her at the time of this hemorrhage, and two others of a similar nature that she had on the fifth and tenth days previous, assured me that the blood came out of her nose and mouth both, as fast as these two avenues would permit it.

This I did not believe, knowing how prone the laity are to exaggerate in matters of this kind. The patient complained of pain in the left ear. I examined this and could detect nothing abnormal. There was some swelling about the external portion of the neck on the left side. There was quite a protrusion into the pharynx on the left side, which had much the appearance of an abscess. My first thought was to stick a knife into this, but putting my finger into the mouth I found the surface hard and unyielding. The cutting was abandoned, and I may add that it was fortunate for me that I did not cut, for I certainly would have had a funeral at once. I again examined the surface on the outside of the neck, and perceived no pulsation. I was at a loss to know where the blood came from, but I felt that it would be bad surgery to disturb the clot in the pharynx.

I ordered Monsel's solution of the persulphate of iron to be used in the event of another hemorrhage, thinking that it was nasal or naso-pharyngeal; but at the same time feeling that if I had received a correct history of the case, the hemorrhage was such as I had not heard of from this locality.

I saw the patient on the following day. She had rallied and was feeling much better. The greater portion of the clot had been removed from the pharynx, and there was a little arterial blood on the lower part of the pharyngeal walls and about the epiglottis; none in the larynx. The condition of the swelling was the same as when I first saw her.

I saw the case no more until the 10th of December. She had another hemorrhage just before my arrival, which was similar in character to the former ones, reducing the patient to syncope.

She was removed to the City Hospital and placed in a private ward, for the purpose of having her where she could receive prompt attention when the bleeding should occur. After her removal to the hospital a most careful examination was made by Dr. Blackburn and Dr. Forest Lee Jenkins, of the resident staff, and myself, with a view of ascertaining the cause of the hemorrhage. The results of our examination were *nil*. Four days after this pulsation was discovered in the swelling on the side of the neck by Dr. Morton Holaday, one of the resident physicians. This, of course, determined the cause of the swelling and hemorrhage. It was decided to call Prof. James M. Holloway in consultation, the time being set for the following morning.

The woman was placed under the care of a trained nurse who was fully competent to compress the carotids. About midnight the hemorrhage commenced, and the nurse placed the thumbs over the carotids, and in the course of a minute or so two of the resident physicians were present, each taking charge of a carotid. The pressure partially arrested the flow, but in a few seconds it was renewed, and the patient expired almost instantly.

A post mortem was held the next morning, with Drs. Blackburn, Cecil, Ray, and resident staff present. Dr. Forest Lee Jenkins removed the structures overlying the aneurismal sac, which was found to involve the extreme upper portion of the left internal carotid artery.

Clinical History and Autopsy of a Man who Presented the Phenomena of Walking Backwards.

Dr. LUIGI MAZZOTTI thus writes in *Rivista Clinica*, June, 1885: The patient was sixty-six years old, an Italian, a hard drinker, who entered the hospital for a scorbutic eruption, May 18, 1883. His condition slowly but surely improved. By the first of July he was sufficiently recovered to attempt to leave his bed to walk. The attendants reported that the man, instead of going forward, walked backward.

When he rose to his feet to attempt to walk, he looked at the floor, spread his legs as one who has fears of losing his balance and of falling. Sustained by the arm, and so held as not to influence him in any direction, he was asked to walk. He replied that he was unable to do so, but when commanded in a resolute tone, he attempted to advance forward, but instead of doing so, he went backward, exercising with the limb a force as if overcoming an obstacle. After having gone:

a short distance in this manner, the body arched over backwards, then turned from right to left, and would have certainly fallen if he had not been sustained. Raising him, the same experiment was repeated with like results, when he was returned to bed, as he appeared to be suffering very much.

Upon inquiring into his history, it was found the patient had passed easily through the usual maladies of infancy, and at twenty-one years had malarial fever of the quotidian type, which occurred again at twenty-six, lasting two months, and was of the tertiary form. When thirty-one he had facial erysipelas. For about five months, at the age of fifty-five, he had a somewhat serious illness. He had fever, pain in the head and neck, and a general sense of weakness. After this attack he never had perfect health, and suffered from time to time from lack of strength, from swelling and pain in his feet, which were worse in winter. He continued at his work till one day in December, 1882, when he suddenly lost consciousness and fell; but he quickly recovered himself, and was able to go to his house with some one to support him by the arm.

He was relieved of the sense of weight in his head by the application of leeches, and after remaining a week in bed, was able to go about. The giddiness in his head was not such as to cause him to fall. His strength diminished, and in the last two months his limbs swelled and became so painful he was obliged to remain continually in bed. His intelligence seemed unimpaired; but his moral character changed. While at home he never gave any sign of walking backward.

As to the family history, his parents lived to a good old age, and of his two sons, one died of scurvy (?); the other still lives in good health. He was a great drinker, and was often exposed to the direct rays of the sun.

May 18th, he entered the hospital, brought thither in a carriage, and reached the bed supported by the arm. The son who accompanied him thought he bent himself somewhat over backwards.

Examination after he entered the hospital showed him to be a man well-formed, of robust appearance and good height, cheerful disposition, responded intelligently. Special senses preserved, though a little weak. Tactile sensibility normal, but not exquisite. Sensibility to pain a little exaggerated. Voluntary movements prompt and regular; reflex movements and tendon reflex a trifle exaggerated, more pronounced upon the right than the left.

Physical examination of thorax and abdomen revealed no signs of alteration. Urine normal. Pulse, 72; respiration, 26; temperature, 36.9° C.

From time to time, when attempting to walk, he presented the same phenomena. August 31st, when he had been sitting in an arm-chair for half an hour, his head fell forward, he lost consciousness, became cyanotic and cold, his pulse almost imperceptible. Placed in a horizontal position in bed, he quickly returned to his usual state. It was the last time he was able to sit up. He had great abdominal pain, numerous diarrhoeal evacuations, fever and delirium increasing at night. He lost strength and appetite, and died September 2d, at 8 a. m.

At the autopsy, performed September 3d, little was found that was abnormal, except a slight degree of lepto-meningitis of the convexity and an atheromatous condition of the arteries at the base of the brain.

These cases of pronounced movements, forwards or backwards, more especially the latter, are rare. In general reasoning from clinical and physiological data,

they would indicate a lesion in some part of the encephalon, especially of the pons, peduncles, of the corpora quadrigemina, of the cerebellum, and of the medulla oblongata. The writer thinks that possibly the condition of the arteries at the base of the brain might have occasioned a disorder of the circulation, which might be the cause of the phenomenon of going backward, if it were not for the fact that there are many cases in which there were atheromatous arteries in the encephalon in the same state, without the slightest indication of this strange symptom. The conclusion is therefore reached, that, as a clinical phenomenon, going backward is of no value as a diagnostic sign of a localized cerebral lesion.

Cases Illustrative of the Use of the Ophthalmoscope in the Diagnosis of Diseases Which are not Confined to the Eye.

Mr. HENRY E. JULER thus writes in the *Brit. Med. Jour.*, January 30:

Case I. *Anæmia: Amenorrhœa: Optic Neuritis*.—Jane C., aged 19, applied, in June, 1884, complaining of headache and dimness of vision (vision, $\frac{1}{2}$). There was no hysteria, but there was evident anæmia. She had occasional vomiting. By the shadow-test, the refraction was found to be normal. By the direct method of ophthalmoscopic examination, the optic discs of both eyes were seen to be hazy and swollen (optic neuritis). No hæmorrhage could be detected, but this condition of the discs was sufficient to excite considerable concern as to the cause of the affection and as to the prognosis and treatment. On carefully going into the case, we could find no definite sign of intracranial disease, no localizing symptom, but it was ascertained that the catamenia had disappeared for nearly a year, and that the symptoms complained of dated nearly as far back as this. Treatment was therefore directed to the disordered menstruation, the catamenial flow was re-established, the headache disappeared, the vision improved, and the optic discs became nearly normal again.

Remarks by Mr. Juler.—Here there was a case, by no means uncommon, of optic neuritis in the early stage associated with amenorrhœa; and I venture to think that the early use of the ophthalmoscope enabled us to realize the importance of the case, and at once to grapple with the cause of the affection. Had the amenorrhœa continued, the neuritis would probably have increased, and have terminated in partial or complete blindness.

Case II. *Optic Neuritis: Astigmatism*.—Annie B., aged 12, a delicate child, was brought on account of defective vision ($\frac{1}{4}$) and severe headache on attempting to read. She had suffered from measles six months before, and had been at school since that time. On ophthalmoscopic examination by the direct method, we found double optic neuritis, as in the last case; and by the shadow-test, it was found that she had considerable hypermetropic astigmatism. By the same shadow-test, the error was corrected, and suitable glasses prescribed. A tonic plan of treatment was also adopted. The result was most satisfactory; the headache disappeared, the vision improved so that it became nearly normal ($\frac{1}{2}$), and the optic discs only presented a slight woolly appearance.

Remarks by Mr. Juler.—I believe this to be an example of a large class of cases in which astigmatism, combined with debilitating causes, is the means of setting up optic neuritis, and that it would be well if physicians would make more extensive use of the simple and easy shadow-test in order to ascertain the

refractive condition of the eye. This observation finds confirmation in the case of a medical man, aged 38, of powerful physique, active habits, and literary tastes, who consulted me upon a subject which had for some time been to him a source of great trouble and anxiety. He stated that his left eye had long become useless, and that he had been told by competent authority that it would never improve; and that his right eye was now becoming so dim that he could not read at night, nor, indeed, had he the courage to do more than a minimum amount of reading by day. He wore smoked glasses by way of precaution, hoping that this might help to preserve the vision. Besides this, he suffered from frontal pains on attempting to read. He had been told that tobacco-smoking was the cause of the failure of vision, and had consequently relinquished this, his only indulgence. On ophthalmoscopic examination, the shadow-test enabled us at once to perceive that both the eyes were hypermetropic, the left being more so than the right. The optic discs were not pallid, but were hyperæmic. There was no central scotoma for red and green in his visual fields, such as is often found in tobacco-amblyopia. Further than this, the proper glasses gave him perfect vision in both eyes, the headache disappeared, and he can now read as much as he pleases without discomfort, and can smoke his pipe in peace without the ever-present dread of future blindness. This is typical of numberless cases where, owing to the neglect of the ophthalmoscope on the part of the general practitioner, patients are badly advised, and are allowed to suffer unnecessarily for months or even years.

Case III. *Neuro-retinitis: Retinal Hæmorrhages: Chronic Interstitial Nephritis*.—A man, aged 36, came complaining of loss of sight, general *malaise*, and occasional bilious attacks. He stated that he would be strong enough to do his work, but that his bad vision prevented this. Ophthalmoscopic examination showed that, while the refraction was normal, the optic disc and retina were quite hazy, that there were numerous old and recent hæmorrhages scattered over the fundus, and that in the yellow-spot region, and in other parts of the fundus, were numerous white spots without pigment. This suggested kidney-affection, and on examining the urine, we found it to be loaded with albumen, and to contain numerous granular casts. The vision was very bad ($\frac{1}{4}$), and had been for some months; but, although the man had been under medical treatment, the kidney-affection had not been discovered.

Remarks by Mr. Juler.—This is another instance of a large number of cases, where the routine and early use of the ophthalmoscope would have led to the discovery of a grave disease of the kidneys, the early treatment of which might have checked, or even cured, the retinal trouble.

Note on Intermittent Albuminuria.

Dr. W. M. COLLINS thus writes in the *Lancet*, Feb. 20: I have lately had under my care three cases of so-called intermittent or transitory albuminuria unconnected with organic disease; and as the subject has recently been treated by Dr. Pavy and discussed in the *Lancet*, I desire, as a small contribution to such observations, to give a few particulars of these cases, with special reference to one characteristic symptom they had in common, and which, I believe, may in many instances explain the nature and cause of this disorder. I refer to the presence of large quantities of oxalate-of-lime crystals in the urine.

The patients were young persons, aged respectively twenty-five, twenty-two, and eighteen. The general symptoms, which were very analogous in each case, were nervous depression, a feeling of languor, occasional headache, derangement of the digestion, constipation, and susceptibility to cold. The quantity of urine passed was generally below the normal, the specific gravity varying from 1020 to 1030, and of a deep yellow color. The amount of albumen varied according to the time of day the urine was passed. It was greatest between twelve and six o'clock, and diminished towards bedtime. In the early morning there was generally only a trace, or it was absent altogether. In two of the cases the albumen used to disappear completely for a few days, and then reappear. Microscopic examination exhibited large quantities of oxalate-of-lime crystals along with uric acid. There were no casts. The increase or subsidence of the albumen was found to be in direct ratio to the excess or diminution of the oxalates in the urine examined. I have observed that in the cases reported by Dr. Pavy oxalate-of-lime crystals were invariably found in the urine, but no reference was made as to any probable connection between the existence of these crystals and the albuminuria.

The following are a few brief particulars of two of the cases which came under my care.

J. D——, aged twenty-five, last May complained of derangement of the digestion, sleeplessness, depression of spirits, lassitude, and a constant feeling of chilliness. The tongue was furred, the complexion sallow and anæmic, and the gums and lips pale. The urine, which was high-colored, depositing urates, and with a specific gravity of 1025 to 1030, was found to contain a large quantity of albumen, and this at first occasioned some alarm; but on testing the urine at different times of the day it was found to be almost free from albumen in the early morning and at bedtime, but in the afternoon there was a considerable quantity. Microscopic examination revealed large quantities of oxalate of lime crystals, with uric acid, and there being no constitutional evidences of Bright's disease, the case was diagnosed as one of temporary or intermittent albuminuria. The patient was treated with dilute nitro-hydrochloric acid; the diet was regulated—fish and chicken being substituted for butcher's meat, and no wine allowed—and Turkish baths were taken twice a week. In a few weeks the albumen began to lessen, the oxalates diminished, and the general health greatly improved. The patient was subsequently ordered to Contrexéville, and returned home quite restored in health and without a trace of albumen in the urine, which was otherwise perfectly normal; and has since—now three months—remained quite free from any return of the albuminuria.

E. C——, aged twenty-two, came under my care last June. He complained of debility, lassitude, severe headaches, and at times a sense of giddiness and fullness in the head, great nervous depression, derangement of the digestion, and he had lost weight considerably. The urine, on being tested, was found to contain a large quantity of albumen, which varied at different periods of the day, it being always greater in the afternoon and hardly perceptible in the early morning. Some days it would disappear altogether, and then recur. Under the microscope large quantities of oxalate-of-lime crystals were seen, and these were found to be most numerous whenever the albumen was greatest. This patient was treated

with small doses of dilute nitro-hydrochloric acid; the diet was regulated, all wine was interdicted, and skimmed milk was given. Subsequently the Contrexéville water was ordered to be taken twice a day. The patient soon began to improve, the albumen gradually diminished, the oxalates disappeared, and his strength increased. He went to Scotland in the autumn, and on his return he had gained 16 lb. in weight; there was not a trace of albumen to be found, and he has since remained quite well.

The third case which came under my observation was similar in all essential particulars to the foregoing.

I consider the albuminuria in these and other such cases to be due to the irritation of the kidney structure by the sharp crystals of oxalate of lime which are deposited in the tubes. Evidence in support of this conclusion is further afforded by the fact that the treatment, which was directed to prevent the formation and favor the removal of these crystals, succeeded in completely curing the albuminuria. Other causes may, doubtless, account for temporary albuminuria, such as vascular weakness and atony of the nerves, or congestion of the kidneys, concurrently with neighboring organs, from a chill, etc. Numbers of people, too, have oxalates as a temporary occurrence, without albuminuria; but when the habit becomes fixed, I think it will be found that it is frequently the cause of this intermittent albuminuria, and may even be the precursor or predisposing cause of Bright's disease. The significance of such a symptom should therefore not be underrated, and should receive the most watchful care and treatment. In such cases the dilute nitro-hydrochloric acid in small doses, by its action on the liver, preventing the formation of and breaking up the crystals of oxalate of lime, and the use of the weak, alkaline earths, such as lithia, and the Contrexéville waters, are singularly curative.

Case of Recovery of Vision after Amaurosis Consecutive to Malarial Fever.

Before the Clinical Society of London (January 22), Mr. BRUDENELL CARTER read a paper on this case. The patient was a gentleman about 35 years of age, who was the chief of the police in a West Indian colony. He came to the author on July 15th, 1884, his vision being then reduced to little more than qualitative perception of light. His history was that, in November, 1883, after very fatiguing duty in unhealthy parts of the colony, he was seized with a fever of malarial origin and malignant type, which nearly proved fatal. When he had otherwise fairly entered upon convalescence, his pupils remained widely dilated and insensitive to light, and it was observed that he had to feel for a feeding-cup or other object which was offered to him—a condition from which he made no advance. Mr. Carter found the optic nerves very white, as if from atrophy; and the larger vessels lifted up in bold curves as they crossed the disc-margin, showing that the atrophy was consecutive to pre-existing swelling. The ophthalmoscope also showed hypermetropia 4.0 D, with 1.0 D of astigmatism. There could be no doubt that the fever had been attended by optic neuritis, probably connected with meningeal trouble; and that vision was being destroyed by the contraction of effused material. Notwithstanding the unfavorable prospects of the case, the author determined to carry out the plan of treatment which he had several years

ago laid down as appropriate for similar conditions; mainly to endeavor to promote the absorption of effused material by mercury and iodide of potassium, and to stimulate the nutrition of the optic nerves by strychnine. The patient wished to take up his temporary residence at Birmingham, and Mr. Carter had the good fortune to obtain the co-operation of Mr. Bartleet in carrying out the necessary measures. Perchloride of mercury and iodide of potassium were administered by the mouth in moderate doses; and sulphate of strychnine hypodermically, in doses which commenced with a sixtieth of a grain, and were gradually increased to as much as a seventh, when the injections were followed by stiffness and rigidity of the muscles of the legs, and the dose was necessarily reduced. On August 4th, or rather more than a fortnight after the commencement of the treatment, the patient reported that, although he could not see to read or write, he thought he had improved in sight as far as concerned general objects: and he was thereupon encouraged to persevere. In another month, the improvement was no longer doubtful, and, after five months of treatment, in December, 1884, the error of refraction being corrected by suitable glasses, he was found to have one-third of normal vision, and to be able to read No. 6 of Jäger in the hand. On January 10, 1885, Mr. Carter received a letter from him in perfectly good and legible handwriting, except that the lines were uneven and irregular. In this letter he said: "Will reading the newspaper by gaslight hurt my eyes? After reading a little time, the words appear as if coming out of a fog, if I may so describe it, and occasionally a sort of flash of colors (similar to colors which appear on cut glass when the sun shines upon it) comes before my eyes. It is, however, a great comfort to be able to read at all." By March 20, 1885, his vision had increased to one-half, and he read No. 2 of Jäger. By July 21st, vision had reached two-thirds, and in another month it was normal, and No. 1 of Jäger was read easily. The patient was not conscious of any remaining impairment, except that he saw badly on coming from a stronger light into a weaker one, as if the retina required a decided stimulus. At this time the optic nerves were still pale, but many small vessels, previously invisible, were to be seen upon their surfaces. The patient wrote in even lines, and in the following month he returned to his official duties. At a somewhat later stage in the course of the treatment, it became necessary to relinquish the hypodermic injections, in consequence of every puncture having for some time past become the seat of painful inflammatory swelling; and, thenceforward, the strychnine was given by the mouth, alternately with mercury and iodide of potassium. The author remarked upon the great perseverance of the patient, and bore grateful testimony to the way in which he had been assisted and supported by Mr. Bartleet.

Dr. S. Mackenzie quoted Hammond to the effect that optic neuritis was commonly encountered in those countries in which malarial fever was prevalent, although in this country it was rare in the same connection. It was an important observation that, under the influence of iodide of potassium, patients affected with cerebral tumors and accompanying optic neuritis practically recovered from the latter affection even while, at a later date, they succumbed to the brain tumor. Dr. Mackenzie asked why Mr. Carter persisted in administering the strychnine hypodermically, notwithstanding its manifest effects on the skin of his patient. He had never seen recovery follow the treatment of any case of optic neuritis so far advanced as Mr. Carter's.

Dr. Coupland mentioned that within the last few days he had seen a man, formerly almost hopelessly blind, who, under mercurial treatment at the hands of Dr. Emrys Jones, of Manchester, had quite recovered his sight.

Mr. Brudenell replied to Dr. S. Mackenzie that he preferred the hypodermic administration of strychnine as being, in his judgment, more certain in its operation, and less liable to produce the effects of cumulative poisoning, than if the drug was given by the mouth. In reply to other speakers, he said that there was no history or ground for suspicion of syphilis. The patient was a moderate smoker, but had discontinued tobacco entirely as part of the treatment. Mr. Carter did not think it possible in any way to connect the blindness with the use of tobacco; because it was quite clear that the symptoms dated from the fever. Before the illness, there had been some difficulties connected with the use of the eyes, but they were manifestly produced by the error of refraction, and might at any time have been relieved by spectacles.

Cases of Meningitis of Obscure Origin.

Before the Clinical Society of London (February 12th), Dr. GOODHART read notes of these cases: A young lady, aged 18, of exceptionally good health, was much affected by an offensive smell in a house which she visited, and from that time became ill; the symptoms ultimately developed into well-marked cerebro-spinal meningitis, with vomiting, paralysis of the recti muscles of the eyeballs, severe headache, and stiffness of the neck, tremulousness of the muscle, and death on the nineteenth day. There was no necropsy. Two children, one of four years, the other one and a half years, under the care of Mr. Atkins, of Plumstead, had measles, and on convalescing suffered a relapse, on which the temperature rose, the head became retracted, the mental condition apathetic or comatose, and rigid spasm affected the extremities at intervals; in the elder child there was often neuritis. Both cases recovered, the infant rapidly, the elder child after an illness of five or six weeks, and she remained permanently deaf. The next case was that of an infant, four months old, brought to the Evelina Hospital, for rapidly recurring convulsions and high temperature. It was admitted, and two ten-grain doses of bromide of potassium administered by enema. The convulsions ceased within twenty-four hours, but the child remained with retracted, oscillating temperature, double optic neuritis, and momentary left-sided spasm when touched. There was no evidence of any disease of the ear during life, but after death the middle ear contained pus on both sides; there was suppurative meningitis of the right half of the brain, and thrombosis of the right lateral sinus. A widow lady, aged about 50, under the care of Dr. Herbert Evans, of Hampstead, after a time of much anxiety and fatigue in nursing a relation, began to feel cold and ill; intense headache and pain in the back, and paralysis of the external recti of the eyeball supervened, and a moderate amount of optic neuritis. She was treated at first with free nourishment and tonics, but without relief, but she decidedly improved upon the iodide of potassium and perchloride of mercury, although only slowly; the illness lasted three or four months in all. Each of these cases raised several issues as regarded its origin. In the first, although it was impossible, in the absence of a necropsy, to exclude with certainty either tubercle or internal otitis, yet, on

the whole, the fact seemed to favor a septic origin. The three children, although two recovered, might all of them have had internal otitis; but cerebro-spinal fever after measles, the view favored by Mr. Atkins, was equally possible in the case of the two. The fatal case was advanced particularly to enforce the obscurity that existed during life in many cases of otitis interna, and Dr. Goodhart wished particularly to gain the experience of aural surgeons in this matter; his own experience did not allow him to think that the disease was to be diagnosed during life by the mere alterations in the appearance of the membrana tympani, nor yet that the *post mortem* appearance justified the belief that incision of the membrane would be of any real service, but he would be thankful to have any guidance which special experience could supply. It was also contended that these cases supported the opinion maintained for the first case, namely, that meningitis, idiopathic in a sense, was probably less grave than modern doctrines might seem to teach, inasmuch as there was evidence to show that the risks of ear-trouble were chiefly dependent upon superadded external conditions, and that, in all probability, the chronic ear-disease was the open door rather than the actual weapon by which the meningitis was inflicted. The last case still remained obscure.

Dr. Benham instanced the case of a child in whom, after a slight attack of measles, tubercular meningitis apparently supervened, the symptoms, however, passing off, and leaving the patient irritable for some weeks, while health was slowly recovered.

Dr. Day quoted the case of a child seen by him fifteen years ago, in conjunction with Dr. C. West. It was an example of meningitis in an infant two years old, in which the temperature never exceeded 99° . Recovery ensued, but, as had been prophesied by Dr. West, the child was ill-developed, both physically and mentally. During the attack of meningeal inflammation, the use of one side was lost, and the head became enlarged.

Dr. Bristowe considered that instances of recovery after simple meningitis were by no means rare, and he instanced cases in point from both hospital and private practice. He doubted whether, as Dr. Day insisted, otitis caused meningitis. He rather would prefer to attribute the two diseases to the same common cause, acting simultaneously on the ear and brain. Dr. Bristowe referred to a case of recovery from tubercular meningitis occurring in a girl suffering from tubercular peritonitis; on development of the head-symptoms, those associated with the peritoneal disease disappeared. After recovery, the girl always remained subject to forgetfulness.

Dr. C. West regarded Dr. Goodhart's cases as most probably examples of cerebro-spinal meningitis; and he (Dr. West) was almost certain he had seen such cases develop amidst unhygienic surroundings, as well as following eruptive fevers. He was quite of opinion that now and then tubercular cases might end in recovery. It was necessary to distinguish between cases of simple meningitis and those examples of the tubercular variety, in which it was only towards the end of the case that the temperature rose above 99° . He agreed with Dr. Bristowe's remarks as to the influence of otitis, and its significance.

Dr. Sidney Phillips mentioned that spinal meningitis following measles had been observed in the case of a policeman, a patient in the London Fever Hospital.

Mr. Godlee said that, as a result of large *post-mortem* experience, he found that the middle ear in children was almost constantly filled with muco-pus. What was the physiological condition in such subjects?

Dr. Goodhart replied that he was thoroughly familiar with the condition mentioned by Mr. Godlee; but the state of the ear in his case was very different—it was full of thick pus. He was convinced that in some cases pus spread from ear to brain; but he endorsed the general statements made as to this connection. He hesitated to believe that, simply because a disease disappeared, therefore it was not meningitis.

Innocuous Conditions giving Rise to a Mitral Systolic Murmur.

Dr. AUSTIN FLINT thus writes in the *New England Medical Monthly*, February 15th:

In the heading of this brief paper I use the term mitral systolic, instead of a mitral regurgitant heart-murmur, with the intention of referring to a murmur produced at the mitral orifice by the ventricular systole, when there are not grounds for supposing the mitral valve to be insufficient, or, in other words, when there is no evidence that regurgitation takes place through this orifice. If the mitral valve be intact, and, therefore, there be no mitral regurgitation, a systolic murmur produced at the mitral orifice is, properly speaking, not a mitral regurgitant murmur. A mitral systolic murmur, as there is reason to believe, is not infrequent when the mitral valve is sound. To distinguish such a murmur I have been accustomed to call it a mitral systolic non-regurgitant murmur. A short name is a mitral intra-ventricular murmur.

The development of such a murmur is the diagnostic sign of endocarditis in rheumatic fever. In rheumatic endocarditis the mitral valve is probably not rendered incompetent, except as a sequel at a more or less remote period. It is evidence of this fact, that in a certain proportion of cases the murmur disappears after the lapse of weeks or months, and no other evidence of mitral lesion follows. The murmur probably denoted the presence of fibrin on the ventricular aspect of the mitral curtains. This fibrin, in the course of time, is washed away or the surface is rendered smooth, the condition for the production of an endocardial murmur being thus removed. In such cases this murmur is proved to have been innocuous.

A mitral systolic murmur, as is well known, is not infrequent in cases of chorea. It is often developed in connection with that affection, and disappears after recovery, leaving behind it no appreciable cardiac affection. Under those circumstances, the condition giving rise to the murmur, whatever it be, is innocuous. The nature of the cardiac condition is a matter for conjecture. I am not aware of any explanation having been established by autopsical proof.

My chief object in this paper is to refer to cases in which a mitral systolic murmur has been discovered, either accidentally or when there were no symptoms pointing to any cardiac affection, and in which the murmur has either persisted or subsequently disappeared, no evidence being disclosed apart from the murmur of cardiac disease.

Case I. In May, 1882, a lad, eleven years of age, was brought to me for ad-

vice, with the statement that he had no particular ailments, but he seemed to lack the buoyancy and vigor of healthy boys at his age. I found the evidence of anæmia, and a systolic murmur of the apex of the heart. The murmur was limited to that situation. He was placed under chalybeate tonics, together with dietetic and hygienic measures to improve the condition of his blood. There was no enlargement of the heart. In the following June, I noted that the mitral systolic murmur was still present. In April, 1885, this boy was again brought to me with reference to the propriety of his taking very active exercise. He reported and looked perfectly well. No murmur was discoverable. The heart-sounds now, as previously, were perfectly normal.

Case II. Over forty years ago, a patient of mine, then about thirty years of age, had a mitral systolic murmur, which I discovered on examination of the chest, there being no symptoms pointing to cardiac disease. On repeated examinations this murmur was always found. This patient died about two years ago with chronic Bright's disease. Whether the murmur in this case persisted up to his death I am unable to say, but no symptoms were developed denoting any affection of the heart.

Case III. About twenty-seven years ago I examined the heart of a medical student with reference to the normal sounds, and was thus led to discover that he had a mitral systolic murmur. He had then no symptoms pointing to cardiac disease, and there were no abnormal signs exclusive of the mitral systolic murmur. He is now living and well, no symptoms of any affection of the heart having developed.

Case IV. About twenty-two years ago several medical students examined each other's hearts, and in one a murmur was discovered. I was requested to examine him, and found the murmur to be a mitral systolic murmur, no other signs of cardiac disease existing. This person is now well, having never had any symptoms denoting disease of the heart.

I could add to these cases others from recollection, and I do not doubt that were I to search my records of cases for the last half century, I should find not a few instances of a mitral systolic murmur representing conditions which the after history of the cases showed to have been innocuous.

What the condition in such cases are which explain the production of the murmur, I do not propose in this paper to consider. Practically the lesson which these cases teach, is this:—A mitral systolic murmur may denote conditions which are innocuous; that is, the conditions may be compatible with present and prospective soundness of the heart, so far as concerns any lesion appreciable by symptoms or signs apart from the occurrence of the murmur.

In conclusion, I will add an account of a case which seems to me to have especial interest as illustrative of the lesson just stated.

Case V. Some weeks since a woman called upon me to show me a written opinion in the case of her daughter, dated April 27, 1864. Her daughter was at that date five or six years of age. The opinion was in a letter addressed to the physician of the patient. It is as follows:

APRIL 27, 1864.

DEAR DOCTOR: The little girl has mitral insufficiency and moderate enlargement of the heart. She has the physical sign of anæmia well marked, and I am disposed to attribute much of the excessive action of the heart to functional excitement.

I have known children with as much heart trouble live for twenty years, and there is room to hope that the organic trouble may not destroy life until after a considerable period.

I believe she will be much benefited by the continued use of tonic remedies, good diet and out-of-door life, especially in the country. Most truly yours, A. FLINT.

The mother had retained this letter, and, as the twenty years mentioned therein had elapsed, she called, as she said, to report that her daughter had developed into a woman, rather delicate but without any special ailments, and that she was enjoying fair general health. I asked to have her brought to me for an examination of the chest. The mother complied with this request, and I saw the patient ten days since. Her appearance was healthful. The apex beat of the heart is in the fifth intercostal space, a little without the mammary line. I could discover no murmur with the most careful observation, and the heart-sounds were normal.

Here was an innocuous condition giving rise to a mitral systolic murmur more than twenty-one years ago. I did not at that time so consider it; but I was not then so conversant as I am now with mitral systolic murmurs which are non-regurgitant or intra-ventricular.

Unusual Forms of Phthisis.

Dr. JAMES K. CROOK thus writes in the *Quarterly Bulletin of the New York Post-Graduate School*, for Nov., 1885:

During the past year I had an opportunity of following to their termination in death, nine cases of pulmonary phthisis. Two of them exhibited such peculiar features that I have considered them worthy of record.

Case I. A Swede, thirty years of age, entered Dr. Burt's clinic at the *Post-Graduate School* in May last. She dated her trouble from the spring of 1883, when a slight hacking cough set in that lasted through the summer and winter. In April of 1884, the expectoration, which was of a yellowish color and abundant, became streaked with blood; hæmoptysis had already occurred several times. Night-sweats were frequent, and there had been progressive emaciation with scanty menstrual flow. The voice was husky, the skin was hot, and her face showed a hectic flush. Family history phthisical.

Physical examination by Dr. Burt before the class revealed flattening of the subclavicular spaces on both sides, but the percussion note was normal; respiratory murmur a little rude, and expiratory note somewhat high-pitched and prolonged; otherwise nothing abnormal was found in the lungs. The heart's action was frequent, but there were no murmurs or other indications of cardiac abnormality. The patient was placed under nati-phthisical treatment. She repeated her visits almost every week for about two months, and was carefully examined at each visit. No noteworthy changes were manifested in the physical signs. The percussion-note over both lungs became a little less clear, perhaps, but there was hardly an approach to dullness at any point. After she had attended the clinic three or four weeks, occasional small mucous and subcrepitant râles could be heard at different points on both sides, but they were extremely infrequent and at times could not be elicited. The breathing was losing a little of its vesicular character, but did not become bronchial. No appreciable changes were ever detected in the vocal resonance or fremitus. During this time the patient had all

the common rational symptoms of advanced pulmonary consumption. The cough continued unchecked, and she had frequent slight hæmorrhages, with almost continuous fever, the temperature frequently rising to 102° or 103° F. The urine was twice examined and found to be non-albuminous. Gradually emaciation became extreme and marked dyspnœa was established, the patient becoming so weak and exhausted by the middle of July that she was no longer able to visit the school. I then attended her at home. Frequent examinations were made of her chest, but no physical signs were developed except those above mentioned. On the morning of July 28th, she had an attack of pulmonary œdema, of which she died the next day at 1 p. m.

Judging from her history, the dry cough (at the beginning), emaciation, high temperature, and the concomitant symptoms, this was as typical a case of phthisis pulmonalis as one could wish to see. When we review the physical signs, however, it is seen that they were of little value in forming the diagnosis. Though an autopsy was not made, nor was the sputa examined microscopically, it seems fair to presume that this was a case of chronic tubercular phthisis, in which the phthisical nodules were disseminated through the lung tissue at such remote intervals as to give rise to no physical signs by which they could be located or their presence even determined with certainty. If cavities were formed, they were so minute as to be unappreciable. I have met with a few similar cases in which the patients seemed to be in a state of decline, and in which the symptoms pointed to the lungs as the seat of the pathological processes, but in which the physical signs were almost or quite negative. The foregoing case is the only one of this kind of which I have seen the termination.

Case II. A young girl was brought to me by her father in July, 1884. For several years she had suffered from loss of appetite, a sensation of weight in the epigastrium after eating, and frequent attacks of diarrhœa. During the past winter she had developed what the father called a severe attack of bronchitis, for which she had been treated with nostrums. She did not improve, but grew pale and thin, and failed rapidly with the beginning of spring, when she began to complain of severe pains at the summit of the chest on the right side. She had had several attacks of hæmoptysis, and was rarely free from fever. The patient, on examination by me, was found to be pale and cachetic in appearance and was suffering from dyspnœa, the respirations being 48, pulse 140, temperature 103° F. Her bowels were extremely loose. On physical examination, I found evidence of partial consolidation at the upper part of the right lung. Vocal resonance and fremitus were increased to some extent, and there was considerable flattening of the supra- and infra-clavicular spaces on the right side. The percussion note was dull over the upper half of the lung, though it had not entirely lost its pulmonary character. Small crackling râles were heard on auscultation. The left lung was normal. There were no physical signs of excavation at any part of the chest. The patient was put under treatment, but sank rapidly and died a few days later in a Pennsylvania country town.

The history of this case would seem to justify the conclusion that it was a case of acute caseous phthisis, or *phthisis florida*. The chief point of interest in connection with it is the fact that death occurred before the formation of cavities. If they were developed, it must have been in the brief interval elapsing between

my examination, when there was not the slightest evidence of their existence, and the death of the patient, which does not seem probable. The severe diarrhœa would seem to indicate a tuberculous invasion of the intestinal tract. These two cases, and especially the first one, pursued a somewhat peculiar course, and the usual division of the stages of phthisis would not apply to them. Such cases are perhaps not uncommon, but their number is not sufficient to invalidate the commonly adopted classification of the stages, viz.—*consolidation, softening* (which can usually be made out by a careful examination of the sputa), and *excavation*.

In the light of our present knowledge of the pathology of phthisis pulmonalis, it strikes me that this classification is an eminently fit and proper one.

An Obscure Case of Poisoning.

Dr. HENRY J. GARRIGUES thus writes in the *N. Y. Med. Jour.*, March 6: I was recently called to see a three-year-old girl who was reported to be dying. Except some unknown disease when she was four weeks old, the child had always enjoyed excellent health. At noon she had partaken of a meal chiefly consisting of sour-kraut. After that she had eaten a white candy-stick with red stripes. At three o'clock in the afternoon she suddenly fell down unconscious, vomited very little, but could scarcely breathe, and her abdomen became much swollen. Numerous physicians were sent for, but not found. All the parents could think of to keep her alive was to wash her with vinegar and alcohol.

When I saw her at 4.30 p. m., she was lying prostrate on her back, all muscles of the trunk and extremities were relaxed, the teeth were firmly set, the eyelids closed, the eyes rolled up, the pupils much dilated, the conjunctiva both on the lids and bulb injected, while the skin was rather pale. The pulse was 120, weak. The temperature was not taken. The respirations were rather frequent—I should say about 30. The child was as deeply narcotized as if she had been etherized, but no drugs of any kind had, so far as known, been within her reach.

I injected one-twelfth of a grain of hydrochlorate of apomorphine subcutaneously. Next I introduced an œsophagus catheter into her stomach. In so doing, I met with great difficulty in separating the jaws, but the child did not oppose any resistance to the introduction of the tube through the throat. I poured first some lukewarm water through the tube, turned the child on the abdomen, and compressed the stomach till it vomited. The vomit consisted of an unrecognizable brown grumous matter, perhaps rye bread, and of undigested shreds of cabbage. Next I washed the stomach out with lukewarm milk, from time to time, introducing first one or two tablespoonfuls of whiskey. Finally I used suds for the washing until no more shreds were rejected. The emptying of the stomach took nearly two hours and a half, the tube becoming blocked up by the solid contents of the stomach, although most of these passed outside the tube under the child's effort to vomit. Sometimes it sufficed to blow air through it to make it pervious, but three times it had to be removed, cleaned and reintroduced. The longer we worked, the more conscious the child became, and began to offer resistance to the passage of the sound, so that it became necessary to hold its arms and legs. The pupils became smaller, and, while at first the fluid was soon rejected, toward the end fully half a pint of fluid could be introduced before

vomiting set it. At times the pulse could barely be felt, but in proportion as we advanced it became stronger.

When we had gained some ground I injected suds into the rectum without bringing forth any *faecal* matter. Bottles of hot water were applied to the feet, which felt cold. After emptying the stomach I gave the little patient a teaspoonful of a mixture of one drop of croton-oil and an ounce of almond-oil, most of which was vomited up again. The child seemed now to be out of danger, but was still profoundly asleep when not interfered with. An hour later it was given a second dose of oil, which was followed by a passage from the bowels. Every three hours it was given a few drops of aromatic spirits of ammonia, and frequently a teaspoonful of whiskey and water, one to four parts.

The next morning the child was well, except that it felt tired. The pupils were normal. The conjunctiva of the right eye was so too, that of the left still somewhat injected and bathed in a muco-purulent secretion, for which condition I ordered a wash of saturated solution of boric acid.

On the third day the conjunctivitis was nearly subdued, and the child laughed and ran about in perfect health.

During the tedious evacuation of the stomach I was assisted by Dr. I. H. Reily, who concurred in the diagnosis of poisoning, and who, like myself, when we began, thought we had very small chances of saving the child's life.

I have looked in vain in Von Ziemssen's "Encyclopædia" for some kind of poisoning corresponding to the above described symptoms. The possibility of the sour-kROUT itself being poisonous is not mentioned, and the parents and two older children, aged respectively six and nine years, had partaken of the same dish, and were all in perfect health. The patient herself had often before eaten sour-kROUT without any untoward effect. There is very little probability that the noxious substance could have been in the sour-kROUT.

Could it be the candy-stick which caused the trouble? We often hear of poisoning caused in this way, but then the symptoms are mostly due to some metal which enters into the composition of the color. The symptoms in this case, especially the very slight vomiting, did not seem to point to any kind of metallic poisoning.

In some respects they answer the description of aniline poisoning. Cases of poisoning by aniline colors, such as fuchsin, azalein, magenta red, etc., are on record, but the effect is said only to be due to free aniline mixed with the colors, while the salts of aniline are said to be innocuous.

The first symptoms of aniline poisoning consist in oppression in the head, nausea, vertigo, and headache. Laillier often observed vomiting. Gradually, a sense of suffocation and difficulty of breathing, with simultaneous somnolence, which in Mackenzie's case went on to loss of consciousness, occur. There are pains in the extremities. The pupils are generally not much affected. The pulse and respiration are quickened at first. The pulse at a later period is easily compressible, the breathing labored and dyspnoeal. All the symptoms vanish in the course of a day or two, without leaving behind them any special disorders.

The reader will see that most of these symptoms were present in our patient. But can a single candy-stick contain free aniline enough to produce so alarming a state as the one described above?

If these lines do not teach the reader anything about any particular kind of poisoning, they may at least show the importance of having an œsophagus sound. A complete stomach-pump is a rather expensive apparatus to keep for the rare occasions when we are called to treat a case of poisoning, but it is not the first time I have been glad to possess a large and long and somewhat stiff gum catheter. I have found it as useful in overcoming difficulties in the bowels when introduced through the anus, as in its more legitimate use when introduced into the stomach.

Ulceration Into the Great Vessels of the Neck, Leading to Hæmorrhage, in a Case of Scarlet Fever; Death Ten Days After Ligature.

Dr. ASHBY thus writes in the *Lancet*: External hæmorrhage from the great vessels being in scarlet fever a condition of some rarity, the following record will prove interesting both on account of its clinical and of its pathological features:

The patient was a little boy aged two years, admitted into the fever ward on the fourth day of the disease, presenting the usual symptoms of scarlet fever. There was nothing remarkable about the case, except that the neck was much swollen on either side, hard, and painful (cellulitis and enlarged glands), and had become so on the day before admission. It is worthy of note that the throat affection was of a mild character, the tonsils being enlarged, injected, but having no deposit upon them. The temperature gradually fell after the sixth day, and on the eighth day was normal, the child apparently becoming convalescent.

On the tenth day the temperature again began to rise, but nothing could be discovered to account for this, except the condition of the neck. Three days later, fluctuation being suspected on the right side, a careful incision was made over the softer part down to the deep fascia, which in turn was opened, and the wound enlarged with dressing forceps. Plenty of serum, but no pus, escaped at the time, but on entering a director on the following morning a quantity of thin watery-looking pus flowed along its groove, and the wound was drained and continued to discharge freely during the following week. During this period the temperature became better, varying between 97.6° and 101.6° in twenty-four hours; but the child continued very weakly, and showed no tendency to improve, although treated with appropriate remedies.

On the twenty-fourth day of the disease, the nurse, who had left the child but a few minutes previously, discovered him saturated with blood, which was freely escaping from the external wound in the neck. She very promptly arrested this flow by plugging the wound with the finger. When seen almost immediately afterwards, the child was extremely collapsed and blanched, restless, and sighing deeply. No radial pulse was perceptible. Pressure having been applied over the vessels, stimulants were given both by mouth and hypodermically, the pelvis was raised and the extremities bandaged, and in the course of an hour the wound was enlarged and explored. The muscles and glands were found bared and the surrounding tissues softened; the fascial structure had in great measure disappeared. On removing the pressure the bleeding did not of itself recommence, owing to the collapsed state of the boy, but on an attempt being made to plug the wound with strips of carbolized lint, at once a flow of bright arterial blood

took place, and in such amount as to render it evident that either the main vessel or a large branch must be the seat of hæmorrhage, and further and deeper exploration failing to discover the bleeding point, it was decided to ligature the common carotid. This was done immediately below the omo-hyoid, which was divided to give more room. The discovery of the vessel was rendered a matter of great difficulty, partly owing to the inflammatory matting together of the tissues, and in part to the absence of pulsation, so that there was little to guide one in distinguishing between the vein and the artery. As a result of this the sheath of the vein was at first opened slightly, the blue color being the first indication of the mistake. A small opening was made in the carotid compartment and a strong catgut ligature applied. No anæsthetic was given, and the patient showed no indication of pain throughout the operation. Judging roughly from the amount of blood on the surroundings, about seven ounces (fluid) must have been lost. At 2:30 p. m., an hour after the operation, the patient was still pulseless and unconscious. Ether was injected, together with two minims of solution of sulphate of atropine. At 4 p. m. he seemed to be dying, gasping at long intervals, and extremely blanched. Temperature 95.6° , and as a *dernier ressort* two ounces (fluid) of a solution of sulphate of soda (two ounces to the pint) at 100° F. was slowly injected into the loose cellular tissue of the axilla, where it formed a large swelling. It was very rapidly absorbed and the child became better, took some peptonized milk, and at 8 p. m. was quite conscious and taking his nourishment well. At midnight he was very restless, but less blanched. Pulse 180, quite perceptible at wrist. The feet and legs were now enclosed in a thick covering of cotton-wool, the bandages reapplied, and one minim of tincture of opium given. Temperature 102° .

Twenty-fifth day.—Passed a restless night, sleeping at intervals. The pulse is full, bounding, and hard, 176. He takes his food well. Temperature 103° . The wound looks rather red; dressed with iodoform. On removing the coverings from the extremities, the toes of the right foot were found to be almost black, and colder than the surrounding parts. Some bullæ had also appeared on the dorsum of the foot and ankle, and there was no sensibility in these parts. Warm cotton-wool was applied.

During the next few days there was continued improvement. The wound kept sweet and looked healthy. The toes recovered in great measure, only about half of the terminal phalanx of each drying up, and a line of demarcation formed between this and the recovered portion.

On the thirtieth day, at 7 a. m., some oozing took place from the wound, which at once stopped on the application of cold, and was at first thought to have occurred from some granulations; but four hours later a sudden gush of dark venous blood took place, and, on exploring, the vein was found in part bared, but the bleeding point could not be determined. The hæmorrhage recurred three times within the next twenty-four hours (plugs being employed to arrest it each time), and at 4 p. m., on the thirty-first day, during a fourth attack, Mr. Wright made a careful examination, and found a small opening in the sheath of the vein from which the blood escaped; this he enlarged, and, two points of hæmorrhage becoming evident, he ligatured the vein above and below these, but immediately afterwards the blood flowed from a perforation still higher up, and he applied a

third ligature above this. The tissues of the vein were soft and friable, tearing away in the forceps.

At midnight on the thirty-second day hæmorrhage again occurred, and this time from a part of the vessel lying so high up and deep in the neck as to be inaccessible to ligature. It was at this time noted that the child had complete paralysis of the left upper limb and paresis of the left leg. He could not shut his left eye. Sensibility was also impaired on the left side. The intercostal muscles and diaphragm acted equally, and the pupils were equal and reacted readily. He had remained in a condition of great prostration since the venous hæmorrhage commenced.

Thirty-third day.—Purpuric spots appeared on the right ear and cheek; he now, for the first time, absolutely refused nourishment, and nutrient enemata were given. He gradually became weaker, and died on the thirty-fourth day of the disease.

Necropsy.—There was general bloodlessness of the organs, which appeared otherwise healthy. The blood was pale, and the spleen enlarged (weighed three ounces). The brain was anæmic. No emboli were found. The thoracic viscera and structures on the right side of the neck were removed *en masse*, and on subsequent dissection presented the following characters:—The carotid artery, from the seat of ligature up to the point of bifurcation, had entirely disappeared, and the walls of the remaining upper part were so thinned and soft as to tear like wet tissue paper when seized with the forceps. Below the ligature the vessel was filled with clot. The vein was in a similar softened condition and had four perforations, one of these almost immediately above the highest ligature and beneath a gland. The sheath, which had disappeared both from vein and artery from a little below the point of carotid ligature to the bifurcation, was separated from the vessels above and below these points, and in the anterior mediastinum, immediately over the pericardium, was expanded into a small cavity containing thin purulent fluid.

Remarks.—Although sloughing into the internal carotid from the throat is comparatively common in scarlet fever, there are very few cases recorded where the hæmorrhage has occurred from without. Among others, Dr. Kennedy, in his account of the epidemic in Dublin, 1834–42, reports three cases, in two of which the vein alone was opened into, and in the third there was no post mortem. In the latter and one of the other cases the blood escaped from an opening which had been made into an abscess some days previously; in the remaining case a large slough formed, dissecting out glands, muscles, and blood-vessels. Fatal hæmorrhage through the external auditory meatus has occurred several times, as recorded by Graves, Professor Porter, and Dr. P. J. Hynes, and in one such case the child recovered after the carotid had been ligatured by Mr. Bennett May. It would seem that the destructive processes leading to this perforation of the vessels are of two kinds. In the one, the peri-glandular cellulitis and abscess is followed by softening and dissolution of the tissues (colliquative necrosis). In the other, large sloughs form and separate, laying bare many of the deeper structures; but, generally speaking, the vessels, and more particularly the arteries, are the last to be destroyed, and several times complete recovery has ensued where the sheath of the carotid and the internal jugular has been exposed without the occurrence of hæmorrhage.

The Treatment of Chronic Heart Disease by Means of Baths and Gymnastic Exercise.

The *Jour. Am. Med. Ass.* says every practitioner who has much to do with the treatment of heart disease must eventually come to appreciate that internal remedies have their limitations, and to long for some other effective means of reinvigorating damaged hearts. Digitalis has been the sheet-anchor in such cases, supplemented by rest and tonics. Most gratifying results have often rewarded the judicious physician. Perhaps as often his efforts have been frustrated by indiscretions on the part of the patient, or intolerance of medication. Therefore, although the prognosis as to speedy death may be favorable, the hope of ultimate recovery has to be abandoned. Such at least has been the opinion, either tacit or expressed, until within the last few years. In Germany, the treatment of chronic heart disease has taken a new departure since the publication of Oertel's "Method of Therapeutics," the principle of which consists in the reduction of bodily fat and water. This is accomplished by diet, baths, and mountain climbing. (See editorial in *The Journal*, Vol. V., No. 17.)

In the same line as Oertel's in principle, yet differing from it in method, is the treatment employed by Dr. AUGUST SCHOTT, physician of the baths of Bad Nauheim, Germany. His system is set forth in the *Berliner Klinische Wochenschrift* Nos. 33, 34, 35, 36, 1885. The principle of the treatment is to further the nutrition of the cardiac muscle, and thereby obtain an increase in its bulk; or, in other words, to promote hypertrophy and lessen dilatation. In this there is nothing new or original. It is only the means for obtaining this object which is novel. Notwithstanding the announcement of Beneke, in 1872, that sufferers from rheumatism, complicated by disease of the heart, were often greatly benefited by a judicious course of baths; that indeed, as he expressed it, "even fresh endocarditic vegetations may often be absorbed;" notwithstanding this statement as to the result of Beneke's observation so long ago, and in spite of Oertel's publication, Schott claims priority in the recognition and advocacy of baths and exercise as therapeutic agents of the greatest value in diseases of the heart. He began his observations, he says, in 1871, but was unable to publish the results until 1883. At that date his brother, Dr. Theodore Schott, who had been his assistant, published the account of a single case which had experienced marked benefit from several systematic courses of baths, but was unable to employ the advantageous auxiliary of exercise.

Schott does not think it always necessary or judicious to reduce the fat and liquids of the body to the same extent as Oertel. Nor does he believe in the employment of mountain climbing at the commencement. He would only have the patients resort to it after having prepared themselves for it by such gymnastic exercises as he describes. Schott asserts that, under his method of treatment, he has frequently recognized marked decrease in the area of præcordial dulness, an increased vigor of the pulse, and the disappearance of symptoms dependent upon venous engorgement. Altogether he has had 300 cases of heart disease under his care since 1871, but as most of them returned to their homes before the benefit derived had become permanent, he has had to depend for his knowledge of their subsequent condition upon the reports of their family physicians.

These have been for the most part highly gratifying. He disclaims any intention of advertising the baths at his resort as alone beneficial in such complaints. Favorable reports have been made by Mayer, of Aachen, Groedel, of Nauheim, and by Scholz, of Cudowa. Schott regards as particularly interesting the reports from the baths of the last-named resort, since their waters are chalybeate. Results from the employment of these waters exclusively are gratifying, but in his opinion they are not as great and enduring as from carefully graduated baths of warm alkaline waters, supplemented finally by such as are rich in carbonic acid. With these preliminary remarks we pass to the consideration of Schott's method of employing baths.

The scientific administration of mineral waters according to pathological process in each case is most desirable, but as yet Schott thinks it is seldom done. With but few exceptions, the literature of balneo therapeutics is stuff and nonsense. Baths are prescribed in accordance with general indications, instead of the peculiarities of each individual disease. System is necessary to the achievement of the best results. He therefore presents his method of employing baths, since its worth is attested by fourteen years of experience. Accordingly, patients whose diseased hearts are in the stage of ruptured compensation, should begin with diluted baths free from gas. It is not of interest to know which of the springs in Bad Nauheim are first used, and hence we shall give only his directions for the preparation of artificial baths. To this end he recommends the addition of one to one and a half parts of common table salt, and chlorate of lime, to every one thousand of water. The bath at first should not exceed ten minutes, and for delicate persons not five. If the individual be rheumatic, or anæmic, or be specially sensitive to cold, the temperature of the bath should be 86° F.; since, if the heart's vigor be below par, the circulation is not brisk enough to react well against any chilling of the surface of the body. Care should be taken to have this temperature maintained, since a difference of 2° less may produce an injurious chill in an individual with a weak pulse, an already cool skin and impaired nutrition. If the blood be driven in too large quantities into the interior, the resistance to be overcome by the weakened heart is augmented, and the cardiac disturbance is increased. The pulse becomes more rapid, smaller and more irregular, and dyspnoea greater.

If the patient be of a rheumatic diathesis, he must wait longer than others before trying cooler baths, since there exists a tendency to fluxions to the seats of former attacks; and this must be guarded against. A higher temperature than 86° or possibly 88° F. ought never to be allowed, since the effect of the bath is lost; while, on the other hand, this degree of heat proves derivative, lessening congestion of internal organs and promoting free perspiration. The patient should be instructed to lie motionless for the first half minute, until he feels perfectly comfortable. If reaction does not set in at the end of that time, the temperature of the bath must be increased. Special care must be had that the patient does not remain long enough in the water to have the reaction succeeded by a feeling of chilliness. In such an event he must recover his warmth by rapidly raising the temperature of the bath, and then leave the water so soon as that is effected. The next bath must then be warmer, and of shorter duration. As the patient becomes accustomed to the temperature prescribed, and his circula-

tion and nutrition improve, he may take gradually cooler and cooler baths. The difference should not exceed 1° F. at a time, great care being exercised to guard against a chill.

It is advisable to intermit a day in the baths, either after the first or the second one. They may then be taken daily, with the exception of one day in the week. As the strength of the heart increases, thus allowing a gradual lowering of the temperature, the length of the stay in the water and the strength of the salts in solution can be increased. The former should not exceed twenty minutes, while the latter may be made to reach the strength of the waters of Bad Nauheim. Finally the patient is able to endure a water impregnated with carbonic acid. The effect of each bath upon both the heart and the whole organism must be the guide to any increase in length or strength of the bath. If the feeling of fatigue last an hour or two, the next day's bath should not be in anywise strengthened. The baths have been followed by complete results only when immediately afterward the pulse is found to be slower, and, by the sphygmomanometer, stronger than before. A perceptible diminution in the size of the pulse should also be demonstrable, although it may return to its former dimensions during the day. A further consideration of the subject will be found in our next issue.

A Case of "Daymare."

Dr. T. M. HOLMES thus writes in the *Med. Record*, February 20th: Mrs. —, the wife of a clergyman, became a resident of the city in the summer of 1883, and soon thereafter she consulted me with regard to her health. I found her to be a very intelligent lady of about thirty years of age, a blonde, rather below the medium size, and of pleasant face, but bearing marks of anxiety, as one who was a subject of much mental or physical suffering. I soon discovered that she was of an exceedingly nervous temperament, and she informed me that for many years she had had frequent and very severe attacks of catalepsy. When a girl she had been troubled with similar attacks of a milder nature, but after her marriage they became more frequent and more intense, and seemed to be aggravated in an increasing ratio by each succeeding period of gestation. At this time she was the mother of five children, the oldest being about fourteen and the youngest three years of age.

She had been under the treatment of several prominent physicians in South Carolina, whence she had recently come, and had tested to the fullest extent every therapeutic agent usually employed in neurotic troubles. Nothing, she thought, had ever done her the least particle of good in the way of keeping off the attacks; and during the seizures themselves the hypodermic use of morphia was the only agent of relief, with any degree of permanency, that she had ever used. This mode of administration was very necessary, because of extreme nausea immediately following its internal administration, and the consequent failure to take effect.

I was soon called to see her in one of those distressing seizures. It was most severe and obstinate. She felt it coming on, and had to be taken to her bed. On my arrival, I found her in the recumbent position, her hands clenched in each other as tightly as if held in a vice, and could not be separated. Her feet and

legs were drawn backwards, the former resting on their palmar surface. The face was like that of a woman straining in labor, with the exception of color, for she was quite pale, as in a nervous rigor. She presented a spectacle most pitiable to look upon. Her mind, as usual during these attacks, was perfectly clear, being cognizant of all that was going on around her. The pupils and respiration were perfectly normal, as was also the pulse, though the latter was hard to detect, because of the rigidity of the radial tendons. Her teeth were firmly clenched, so that it was out of the question to give medicine by the mouth, to say nothing of the rebellious stomach. I, therefore, proceeded to relieve her condition by the administration of chloroform, until the muscular contractility was completely overcome. This left her fingers quite white where they had pressed against each other, and purple at their extremities. This relief did not last long, for in a few moments the same symptoms recurred, and did not entirely disappear until the patient was thoroughly under the influence of morphia. Soon after complete relaxation was obtained she vomited. This was usual with her after these spells.

These attacks recurred from time to time, but she was not always in a position to secure recumbency. They were liable to come on while she was walking the streets, or the floor attending her household duties, or while sitting with her little ones around her; and whatever position she might be occupying, in that she would usually be immovably "fixed." However, if her limbs happened to be in a position in which some object was holding them, and that object were removed, they would immediately assume a position of extreme flexion.

On one occasion I was hurriedly summoned to see her, and on arriving found her walking the floor at a very rapid pace. Her hands were raised before her, and she was slinging them as if they were covered with a thousand stinging insects. She was evidently in great agony. With difficulty I administered hypodermatically one-half grain of morphia, and entire ease and repose soon followed. On another occasion she felt an attack coming on while in church, and immediately left the building. On reaching the street it seized her, and she was forced to cling to the fence to prevent falling. There she stood, unable to move, being all the while in mental torture for fear the congregation would be dismissed and behold her in this very embarrassing position. From this humiliation, however, she was rescued by the appearance of a friend, who suspected the cause of her departure.

The timely administration of morphia would always keep off an impending attack. During these attacks there was never insensibility to pain or the touch. She was simply unable to speak or move. The pain was usually not great, and seemed to be solely the result of muscular contraction.

Diagnosis.—In speaking to her of her trouble, I retained the name to which she was accustomed—that of catalepsy; but while it was extremely cataleptiform, it was by no means the "catalepsia vera" of Ziemssen, Da Costa, Flint, and others. It was like a case reported by Sir Thomas Watson, which this eminent physician denominated "daymare." In the case described by him, there was total inability to move or speak; yet the patient was perfectly cognizant of everything about her. Now, according to Ziemssen, "catalepsia vera" has two pathognomonic symptoms—the "stiffening of the muscles," and the so-called "flexibilitas ceria"—the susceptibility to passive motion. That is to say, that

the muscular tension may be sufficiently overcome by an attendant to admit of a change in the position of the limbs, in which position they will be "fixed" as before. This is impossible in "daymare," since there is not a moment's relaxation of muscles. There is also in catalepsy anæsthesia, analgesia, and sometimes suspension of consciousness, but none of these symptoms exist in "daymare."

Pathology.—Sir Thomas thought that in his case the seat of disease was the cerebral blood-vessels. If this were true, "daymare," as Da Costa has suggested, would be a very grave affection; but in this opinion of the pathology of the disease I do not concur. At least I am quite sure that such was not the case with the subject of this article. From the history and symptomatology of this case I was led to believe that the origin of the trouble was in the uterus. To ascertain the truth of this, a specular examination was necessary, in which procedure I invited the celebrated Dr. Robert Battey to assist me. We found, as I had anticipated, a fearfully ulcerated and congested os. This was the "open sesame" to the whole trouble.

Prognosis and Treatment.—We told our patient that by care on her part in abstaining from overwork and worry, which generally promoted the attacks, and by a persistence in our course of treatment, she might entirely recover. This treatment would consist of an application of iodized phenol once a week to the os and endometrium. In this way we hoped to relieve the congestion, allay the inflammation, obtund the sensibility, and so alter and tone up the diseased mucous membrane and relaxed muscular tissue as to restore the parts to their normal condition.

This treatment was persisted in for several months with but very little improvement, the seizures coming on at irregular intervals. The uterus was several times found to be so retroflexed that it was almost impossible to make the application. Believing, therefore, that support would benefit the uterus while in this diseased and atonic condition, I supplemented our treatment with Talliofera's cotton tampon, saturated with his usual preparation of iodoform, balsam of tolu, and glycerine. This gave the uterus such support that the patient experienced immediate relief, as if a load had been removed from the inferior pelvis. From this date she began to improve rapidly, both as to the frequency and severity of the attacks, and her general health was in a short while much improved. Her menstrual periods failed to appear some weeks before the institution of the tamponing, but I did not think it possible that conception could have taken place under such circumstances. Especially did I think it improbable when she informed me that they had failed to appear once before without developing anything more than an aggravation of her trouble. However, in this instance, we were destined to be undeceived. Her husband was called to another field of labor, and in due season she gave birth to her sixth child. Since their removal I have been unable to follow up this most interesting case.

Noise in the Ears.

Dr. A. Wyss, of Geneva, publishes a paper on the above subject in *Der Fortschritt*, August 20, 1885, No. 16. He writes:—Our knowledge of noises in the ears—or, more scientifically speaking, of subjective auditory sensations—is still very imperfect. The causes of this troublesome ailment may be manifold, and

its seat is not necessarily always the auditory apparatus itself. We ought therefore to distinguish noises which are due to alterations of the auditory organ itself, or "entotic" noises, from abnormal sounds which are produced by causes extraneous to the auditory apparatus, which may be called "exotic" noises.

Noises in the ears present, moreover, variations in intensity and in character, which it will be desirable to know, as they may guide us in the choice of treatment. Generally, the more intense the noise, the more musical will be its character and the higher its pitch. The intensity of subjective auditory sensations is far from remaining always the same. They may be increased—*e. g.* by continued mental exertions, by the exacerbation of an attack of rhino-pharyngitis, by excesses in alcoholic liquor or tobacco, by the use of certain medicines (as quinine, salicylate of potassium, etc.), and during the menstrual period.

The distinction of continuous and intermittent noises in the ears is likewise of importance. The latter justify a far more favorable prognosis, and are generally more amenable to treatment. The author mentions a medical student who was suffering last winter from noise in the ears, in consequence of rhino-pharyngitis, but without any lesion of the auditory apparatus. The noise regularly commenced every evening in the moment of retiring to rest, and entirely ceased at the same time with the rhino-pharyngitis.

Noises in the ears may exist without the slightest degree of deafness, just as deafness is not always accompanied by subjective auditory sensations.

It is a curious fact that patients frequently complain more of the noise in the ears than of deafness, and that they speak of the former as the only cause of the latter. They do not consult the medical man on their deafness, which they consider incurable, and to which they have resigned themselves as to an infliction for which there is no redress; but they entreat him to relieve them of the noise in the ears, which has become unbearable.

It has been attempted to explain many subjective auditory sensations by the theory of increased intralabyrinthine pressure, due to the depression of the base of the stapes into the fenestra ovalis. This explanation has been generally accepted by otologists until it was lately refuted by Lucae.* In a great many cases in which depression of the tympanum was very marked, subjective sensations were altogether absent. Lucae succeeded in making noises in the ears momentarily cease, by positive or negative pressure in the external auditory meatus.

The treatment of noises in the ears forms one of the most difficult chapters of otiatric therapeutics. Only too frequently the medical man will be obliged to confess the impossibility of a cure, in cases in which in the outset too rash promises had been held out. Then the patients will leave, more hypochondriacal and desperate, and convinced of the incapacity of the medical man. Cautious reserve, therefore, ought to be observed in raising too great hopes in the beginning of the treatment. Moreover, pecuniary and other considerations very often frustrate regular treatment.

Passing over subjective auditory sensations caused by accumulation of wax in

* *Zur Entstehung und Behandlung der subjectiven Gehoers-empfindungen.* Von Dr. August Lucae. Berlin, 1884. ("On the Origin and the Treatment of Subjective Auditory Sensations.")

the meatus, which cease after the removal of the plug, the therapeutics of noises in the ears may be divided into :

1. Hygienic.
2. Mechanical.
3. Medicinal treatment.

Hygienic treatment alone frequently suffices to free the patient from the annoyance of such noises. Giving up too noisy occupations—e. g. the musical profession, and temporary residence in a quiet place—e. g. in the valley of a mountainous district, often prove surprisingly beneficial when other kinds of treatment have failed. Other patients, on the contrary, experience a soothing effect from external noises to their subjective auditory sensations. The crackling of fire, the rushing of water, the roar of engines, the rattle of railway-carriages, may under circumstances be utilized for this purpose. To this class belong those afflicted with paracousis of Willis, which manifests itself by the peculiarity of the patient's hearing conversation better when surrounded by great noises.

Lucae, in the above quoted work, recommends a novel kind of treatment of subjective auditory sensations, which he calls the "tonal treatment" ("Tonbehandlung"). Investigating the effects of the diapason on noises in the ears, he found that high notes diminish or make to cease noises of low tonality, and that low notes have the same influence on noises of high pitch. For this purpose the handle of a tuning-fork, which previously has been brought into vibration, or better, the tapering orifice of Helmholtz's spheric resonator, is introduced into the external meatus. Still more preferable will be a magneto-electric diapason, the sounding of which may be kept up and prolonged at will. If the latter be not at hand, the same result may be obtained (according to the author's observations) by rapidly and successively introducing into the auditory canal a common tuning-fork brought into vibration by forcibly striking it, as often as it ceases sounding, against a hard object. By applying the otoscope to the other ear, the duration of the sounding of the diapason can be easily watched. Each sitting may extend several minutes, without causing the slightest inconvenience to the auditory perception. The results hereby obtained vary; frequently the benefit is only temporary, the noises in the ears returning with their former intensity ten minutes or a quarter of an hour after the application of the diapason; in other cases, the noises will cease for several hours; whilst in a small number of cases a permanent cure will have been effected. Our experience on this subject, however, is still too limited to justify a final verdict on this very ingenious method.

The *mechanical treatment* comprises: (a) insufflation of air by means of a catheter, or Politzer's method; (b) compression and decompression of the tympanum by Siégle's speculum; (c) massage of the Eustachian tube by means of bougies, or Urbantschitsch's method; (d) gymnastics of the ossicles by means of Lucae's compressive spring probe. The first two of these methods are too well known to require further discussion.

Massage of the Eustachian tube has been tried by Urbantschitsch* in certain cases of subjective auditory sensations and of deafness. A bougie with a bulbous point (*bougie boutonnée*) is introduced into the Eustachian tube beyond its

* *Comptes-rendus du troisième Congrès International d'Otologie.* Bâle, 1885.

isthmus (the orificium tympani), and rapidly moved to and fro (from 150 to 250 times in a minute, during a sitting from half a minute to five minutes). This method, for which Urbantschitsch refrains claiming more than the value of a therapeutic experiment, likewise deserves the attention of the otologist. He principally employed it in cases of swelling of the lining mucous membrane of the Eustachian tubes; and explains its beneficial effect on subjective auditory sensations by the law of reflex action.

Gymnastics of the ossicles, by means of Lucae's compressive spring-probe,* are a very important therapeutic proceeding. This instrument represents in fact nothing else but a miniature railway-buffer, furnished with a pad of desiccated glue, in order to soften its contact with the parts on which it is brought to act. The terminal end of the probe, or, to keep up our simile, the buffer, is directly applied against the minute apophysis of the malleus, which constitutes the least sensitive portion of the surface of the tympanum. By gentle to-and-fro movements, oscillations will be imparted to the hammer, and consequently to the other ossicles and to the tympanum, which can easily be appreciated by the aid of strong reflected light. The results obtained by this method manifest themselves in the first place by a considerable augmentation of the auditory perceptions in cases of lesions of the apparatus of transmission, which cannot be recognised by any other means of investigation. *Gymnastics of the ossicles* prove, moreover, beneficial in subjective auditory sensations. Lucae mentions a case in which noises in the ears after this mode of treatment had ceased during longer than one year. The author likewise records a number of cases under his own observation, in which the subjective auditory sensations, after the use of Lucae's probe, either entirely ceased or considerably diminished.

3. The *medical treatment* is undoubtedly the least certain and least efficacious, but can barely be entirely dispensed with, be it only to give some moral comfort to the patient. Morphia, chloroform, ether, nitrite of amyl, bromide of potassium, and tincture of aconite, are reported to have afforded relief in a few exceptional cases.

The electric treatment of noises in the ears claims a special notice. It has been placed on a scientific base ever since Brenner's elaborate investigations.† The acoustic nerve obeys the same laws of electric action as the other nerves, and produces the same subjective sensations at the cathode on suspending, and at the anode on transmitting the current. This peculiar reaction of the acoustic nerve has been utilized in the treatment of pathological subjective sensations. Brenner advises the agency of the progressive increase and diminution of the quantity of the electric current ("Ein- und Ausschleichen") by the interposition of a rheostat, bringing into action particularly the transmission and duration of the current, and applying the anode to the tragus. According to his directions, galvanic excitation ought to be avoided. Benedict,‡ on the contrary, recommends the use of the voltaic battery, as "the best method of galvanic treatment."

* *Archiv für Ohrenheilkunde*, vol. xxi., No. 1, 1885.

† Brenner : *Untersuchungen und Beobachtungen aus dem Gebiete der Electrotherapie*. Leipzig. 1868 and 1869. (Investigations and Observations on Electrotherapy.)

‡ *Wiener Medizinische Presse*. 1870.

Others advocate the faradaic current, especially in hysterical patients (Urbantschitsch).

The relative rational selection of the method of treatment of noises in the ears, and the success to be obtained, will always depend upon the careful investigation and conscientious study of each individual case. The more accurate and precise the diagnosis, the more certain will be the chance of choosing the most efficacious treatment, and the higher the medical attendant will rise in the estimation of the patient, whose only desire is to be cured or relieved as speedily as possible.

Intermittent Fever of Twelve Months' Duration: Cure by Subcutaneous Injection of Carbolic Acid.

Incited by the results obtained by Dieulafoy, NARICH has used the carbolic acid treatment in the case of a woman who had suffered from intermittent fever for one year, and in whom quinine, alone and in combination with potassic bromide, effected no beneficial result. The solution used was of the following formula:

R. Crystallized carbolic acid gr. vj.
Water f3 xij.

In seven days there were, in all, thirty-three injections administered, beginning with two daily and increasing to six, according to the tolerance. At the end of this course the fever disappeared, and has not recurred during the nine months which have since elapsed.

VI. OBSTETRICS, DISEASES OF WOMEN AND CHILDREN.

Cotton Root in the Treatment of Uterine Hemorrhage.

MASSINI (*Korrespondenzbl. f. Schweiz. Aerzte; Ctrbl. f. klin. Med.*) thinks that this drug is to be regarded not only as an efficient substitute for ergot, but as having some advantages over that remedy. Although less prompt in its action, it is more enduring; hence, while it has been used successfully to increase the pains of labor and in uterine atony in the placental stage of labor, its most appropriate field is in gynecological practice. In two cases of metrorrhagia at the menopause the author observed brilliant results from the use of the fluid extract, two or three teaspoonfuls daily.

Placenta Two Months in Advance of the Fœtus.

Dr. WM. A. LATHROP, of Lowell, Mass., relates, in the *Medical Record*, a case of miscarriage in which the delivery of the placenta preceded that of the fœtus by two months. The young woman married, primipara, had been pregnant four months when the placenta was delivered. Two weeks afterward she went to her work in a mill, and continued till within two days of the delivery of the fœtus. She was conscious of the presence of something in the womb, but it occasioned no inconvenience, and had no odor. She menstruated regularly, and at the second menstruation the fœtus came away. This was a four months' fœtus, and remained two months in the womb after its death.

Prolapsus Uteri of Long Standing: Cup Portion of Pessary Incarcerated in Uterine Cavity.

Dr. M. G. BIGGS reports this case in the *Brit. Med. Jour.*: An elderly lady, who had suffered from extreme prolapsus for many years, the os uteri hanging down between the thighs, and being more or less abraded, and had found much inconvenience in walking, asked me to do something to relieve her. I introduced one of Maw's cup-shaped pessaries, the stem being supported by bands suspended from an abdominal belt, as figured in Maw's illustrated catalogue. She wore this for about a week or two, and then came to say that she was unable to resume it, and that there was a very offensive discharge. On examination, the cup-shaped portion of the instrument could not be felt; and on traction being made, the whole uterus prolapsed as before, when the os was seen firmly grasping the stem, whilst the upper portion was firmly enclosed in the uterine cavity. At first, I had some difficulty in removing it, but, by pulling on one side steadily, this part escaped from the uterus, and it was then easy to remove the rest. An intra-uterine carbolic injection was given, and no bad results whatever followed.

Induction of Premature Labor.

Dr. T. GAILLARD THOMAS (*Physician and Surgeon*): The patient is placed with the buttocks near the edge of the bed, and under her is arranged a rubber cloth in such a way as to drain into a tub on the floor, in which are one or two gallons of water at a temperature of 98° F. The knees of the patient being properly supported, a long nozzle is carried into the cervical canal, and a steady stream of water is directed against the membranes. When dilatation to the extent of a half dollar is completed, which will be in the course of ten minutes, a gum catheter is inserted between the membranes and uterine walls, the patient is put to bed, and the labor allowed to proceed naturally. Dr. Thomas says he can point to two dozen children in New York city whose lives were saved by this operation.

Retention of Broken Glass in the Vagina for Seven Months.

In the *Brit. Med. Jour.*, November, 1885, Mr. J. A. ANGUS records the case of a lady, aged 47, who came to him on account of a return of symptoms she had before experienced owing to a displacement of the womb. On vaginal examination, the forefinger came upon a hard round body lying to the right and posterior side of the cervix uteri. After some difficulty, the author succeeded in dislodging it, and found it to be the broad perforated end of a broken glass female syringe. The patient was amazed, and said she remembered, seven months previously, breaking a syringe when using a vaginal injection, but, hearing her husband coming upstairs, she put the fragments into the chamber-vessel, and thought no more of it. Connection had taken place several times, the husband complaining of feeling some obstruction, but the patient had herself never experienced any inconvenience.

Cocaine in Cancer of Uterus.

Madame J. G. SARBAUTE, M. D., writes to the *Semaine Médicale* in reference to a case of cancer affecting the neck and body of the uterus, which had reached its last stages, and was the cause of unceasing agonizing pain. The patient used subcutaneous injections of morphine seven times daily, and began to present symptoms of morphine-intoxication, so that it was necessary to stop the use of that drug. The idea then occurred to employ cocaine in the following manner: After the usual syringing of the part, a wad of appropriate size, soaked in a 10 per cent. solution of cocaine, was placed into the hollow ulceration excavated by the disease. A second similar wad, with string attached, was placed into the vagina. Half an hour after the dressing, all pain had ceased, and she passed the entire day without suffering. The treatment has been continued with equal success for several days, the patient being completely eased, notwithstanding the abrupt discontinuation of the morphine.

Peculiar Reflex Movements in a Child.

Dr. THEOPHILUS PARVIN thus writes in the *St. Louis Courier of Medicine* for March:

This little child (a girl baby) was before you last week, presenting a most interesting and not unusual condition. There has been for some time a continuous, spasmodic motion of the limbs, rubbing one thigh against each other, so much

so that the child's grandmother considered it a manifestation of sexual passion. This idea is all wrong. This child really had a leucorrhœa, followed by an offensive discharge, which, by its irritating action, has caused those erratic movements. It was not a simple movement, it was almost constant; the child's attention could not be diverted from it; it was really a torment. Bromides were used without avail: no good was accomplished until suppositories of iodoform, opium and belladonna were used, in conjunction with injections of carbolic acid, since which time the improvement has been most marked.

Oxygen-Inhalation in Eclampsia.

In the *Russkaia Meditz.*, No. 32, 1885, p. 595, Dr. SCHMIDT, of St. Petersburg, records a case of eclampsia occurring in a relative of his after a twin labor, where he successfully used oxygen-inhalations. When first seen, the patient was found in a deeply unconscious and nearly asphyctic state; to prevent the convulsive attack, she had been constantly kept under the influence of chloroform by two medical attendants. It was the asphyctic state which suggested to the author to try oxygen-inhalation without any delay, and in spite of some reluctance shown by his colleagues. After a few inhalations, the patient gradually recovered her consciousness, though she could not at first speak, on account of her tongue being swollen in consequence of bites during the paroxysms. Shortly afterwards, she took some tea, and was understood to complain of pain in the tongue and of general weakness. The patient made a slow, but complete recovery. About one cubic foot of gas was used.

The Treatment of Convalescence from Scarlet Fever.

In the *Archives of Pediatrics*, December 15th, 1885, Dr. A. H. P. LEUFF says that the treatment of a scarlatinal case is best rounded off with a bitter ferruginous tonic for the purpose of stimulating the appetite and digestion, thus hastening convalescence. He is partial to the following mixture, which has rather an agreeable flavor :

R. Ferri sulphatis ʒi
Tincturæ calumbæ f ʒij.
Glycerinæ,
Syrupi limonis.
Aquæ anisi āā ʒiij.
Misce et fiat solutionem.

Sig.—One tablespoonful in a wineglassful of water just before eating.

The Treatment of Some Forms of Enlarged Uterus.

Before a recent meeting of an English Medical Society, Mr. R. SANDERSON read a paper on this subject. He referred mainly to the results of subinvolution, and expressed his disappointment with the effects of the large number of recommended remedies, including pessaries. The plan which gave him more satisfaction than any other was, after a brisk purge, to measure, and, if necessary, replace the affected organ, and to insert two plugs soaked in glycerine of alum (gr. 15 to 3); one in the posterior *cul-de-sac*, the other against the anterior lip of the

cervix; these should be left in for eighteen to twenty-four hours, and changed twice or thrice weekly. Absolute rest was essential; drugs were not of service, and Hodge's pessary he found either unnecessary or useless. The same treatment was applicable to any "chronically engorged" uterus, when a stem also might be needed. If any fibrosis had occurred, pregnancy was the only cure. Possibly a small soft ring-pessary might relieve dragging pain, but all active treatment on the part of the gynecologist was superfluous and useless.

Resection of the Knee in Children.

The following are the conclusions of Dr. RIVERA Y SANZ, in an article on this subject published in the *Archivos de Medicina y Cirurgia de los Niños*, Nos. 1, 2, 6, 7 and 8, 1885:

1. The value of active intervention by means of resection of the joint is indisputable.

2. Resection should be preferred to amputation when the affection is exclusively local; but should, of course, be reserved for those cases in which other more conservative measures have been shown to be ineffectual.

3. If osteitis of the knee co-exist with disease of the internal organs, resection is contra-indicated. The question of amputation in such cases is to be determined by the degree and character of the visceral complication. It has never been proven that the operation may give rise to the appearance of new foci of tubercular disease in the internal organs. When such metastases occur, they are due to the fact that the operation was incomplete, and are, therefore, the result of auto-inoculation.

Infantile Rheumatism.

A case of infantile rheumatism is reported by Dr. F. HIBBARD, of Columbus, Ohio, in the *Cincinnati Lancet and Clinic*, November 28, 1885. The messenger, who summoned him very hastily, informed him that the child was paralyzed. The doctor found a robust, five-months-old infant lying with lower extremities flexed and in a stiffened position; arms flexed, with the fingers straight and dropping from the metacarpo-phalangeal articulation. The child had previous to the attack been playing in cold water, and by splashing had become thoroughly wet, remaining in this condition for a considerable time without change of clothing. Tickling of the feet produced a prompt response by the drawing up of the same, accompanied by evidence of acute suffering. Any movement of the limbs produced violent crying. There was no swelling of the joints, but a slight redness of the skin, most perceptible at the ankle joints. Temperature 104° . Hot applications to the joints and teaspoonful doses of a mixture of salicylic acid, glycerine and emulsion of acacia, every four hours until relieved, were prescribed.

On the following day all soreness had disappeared, and the doctor found the child playing.

Childbirth during an Attack of Small-pox.

Dr. C. E. RICHMOND thus writes in the *Brit. Med. Jour.* February 13th: In 1877, I was medical officer at the Manchester (Monsall) Fever Hospital. During an epidemic of small-pox in the earlier part of that year, a woman was admitted

with well marked discrete small-pox. Early one morning, when the pustules were at their fullest development, she was confined, and I vaccinated the child (a fine healthy one) within an hour or two of its birth. It was suckled by the mother, and stayed in the general ward among the other cases. The vaccination "took" perfectly; the child had no symptom whatever of small-pox, and left the hospital with its mother on her convalescence.

It may also be of interest to mention that, during my tenure of office at Mon-sall, a patient died of, according to his statement, his third attack of small-pox; he showed ample traces of a previous attack, and I well remember his telling me that he had a brother who had died of his second attack of the same disease, and that more of his family had had it twice. Of course the evidence in this case is not absolutely reliable, but is, to say the least, remarkable.

Sore Nipples.

Dr. WILSON, of Glasgow, recommends the following for sore nipples:

- R. Plumbi. nitrat gr. x. xx.
 Glycerini ʒj.
 M. Apply after suckling, the nipples being washed before child is again put to the breast.

Dr. Playfair recommends:

- R. Sulphurous acid ½ oz.
 Glycerin of tannin ½ oz.
 Water 1 oz.
 M. Apply after suckling.

Dr. Barnes recommends:

After washing away remains of milk after nursing, smear with salve made of:

- R. Liquor plumbi 1 dr.
 Prepared calamine powder 1 dr.
 Glycerini 1 dr.
 M. Vaseline 7 dr.

The Prophylaxis of the Conjunctival Inflammation of New-Born Children.

KRUKENBERG ("Archiv. für Gynäkologie") gives the results of his experience with prophylactics against this disease in the obstetric clinic at Bonn. Before the employment of any prophylactic measures, between 5.8 and 8.8 per cent. of the living infants were affected with purulent ophthalmia. During a period of six years, out of 1,266 children, 92, or 7.3 per cent., contracted the disease. On February 16, 1881, Olshansen's method was put into operation; whenever possible, the eyelids of the child, immediately after the birth of the head, were washed with a 2-per cent. solution of carbolic acid, and, after the birth, the conjunctival *cul-de-sac* was washed out with the same solution, and this was always done by Krukenberg himself. From this method he obtained only negative results, for among the eighty-two children born between February 15 and June 10, 1881, eleven, or 13.4 per cent., contracted the disease. On June 10, Credé's method of prophylaxis was instituted, a vaseline ointment of silver nitrate of the same

strength being used in place of the solution, the ointment being introduced on a heated glass rod, so that it would melt and drop into the eye without bringing the eyes in contact with the glass rod. The result was immediate, for, among 703 children born after June 10, 1881, only four, or 0.56 per cent., contracted the disease.

Twisted Membranes Simulating Umbilical Cord.

A correspondent of the *Brit. Med. Jour.*, thus writes: At 3 a. m., I was roused to attend an urgent call about four miles away. The woman according to her husband's statements, had been delivered by a midwife, at 11 o'clock the night before, of a female child; but some of the after-birth had not come away. I started off at once, and on arrival found the placenta lying in the bed untouched, and, except that the membranes were rather more than usual, in a perfect condition; but out of the vagina there still hung, however, what at first sight appeared to be an umbilical cord, and this had evidently exercised the mind of the midwife to a great extent, as she declared she had never in her life seen anything like it before. Neither had I. The woman said she had been afraid of her life to touch it, but not having her compunctions, I took hold of it, and finding it yield, drew it gently out, and then discovered that it consisted of a part of the placental membrane twisted round so as to bear in touch and appearance a most extraordinary resemblance to an umbilical cord. The uterus was well contracted, and all appeared to be normal, and the woman made a good recovery. I need not say I did not enlighten the midwife as to the nature of the case, but left her to think over this wonderful event at her leisure.

The Administration of the A. C. E. Mixture in Obstetrical Practice.

Dr. A. LAPHORN SMITH thus concludes an article in the *Canada Medical Record*, December, 1885:

To sum up: 1. It is an effective general anæsthetic, producing as deep insensibility as chloroform.

2. Its action is rather more rapid than chloroform, but to develop its effects more of it is required, the proportion being about as 6 is to 4.

3. It produces a less prolonged second degree of narcotism than other anæsthetics.

4. When its effects are fully developed the narcotism is very prolonged and is reproduced with great ease.

5. Its influence on the nervous centres is more uniform, and it creates little if any disturbance or break of action between the respiratory and circulatory functions.

6. The final escape from the organism is rapid, so that the symptoms of recovery are sudden.

7. In some cases, but very rarely, it produces vomiting.

8. When it kills, it destroys by equally paralyzing the respiratory and circulatory mechanism.

I feel sure that if any of you who have not tried it will give the A. C. E. mixture a fair trial, you will not fail to be pleased with it. All those who have tried

it have expressed their complete satisfaction with it, while for my own part, especially in my obstetric practice, I am simply enthusiastic.

Pruritus.

Dr. CHARLES B. KELSEY thus writes in the *Archives of Pediatrics*, December 15, 1885 :

Although generally a symptom of worms in children, this may be an independent affection, and it may require independent treatment, even after its cause has been found and removed. When due to worms it is usually much worse at night, in other cases it may be more severe during the day. As these cases are not attended by the changes in the skin which are seen in chronic cases in adults, they usually yield readily to simple measures. A favorite plan of my own is to have the parts thoroughly washed with tar soap and cold water every morning, the soap being worked into a plentiful lather and well rubbed in with the hand. This is washed off with cold water and the parts dried with a soft cloth without friction. At night an ointment or wash may be applied. One made of menthol is exceedingly grateful and cooling, and carbolic acid is also an efficient application, mixed with glycerine and water. The use of very hot water to the part, for a few minutes just before going to bed, will often secure a night's quiet sleep; but the water should be applied on a soft cloth and held to the part, and no friction should be used.

On Infantile Aphasia.

Prof. BERNHARDT, of Berlin, presents his views about infantile aphasia in a little pamphlet (*Deutsche Medizinal Zeitung* of January 1, 1886), from which we abstract some salient points.

1. Genuine infantile aphasia is not so common an affection as is commonly believed; about ninety cases are all that are recorded.

2. Its etiological factors are nearly identical with those producing the affection in the adult phases of life, with special consideration, though, of the various characteristics of childhood. The principal causes are reflex conditions after indigestion, entozoa, psychical irritation, infectious diseases, acute and chronic brain-affections.

3. Infantile aphasia is chiefly a symptom of cerebral infantile paralysis.

4. Hemiplegia does not necessarily exist along with aphasia.

5. The affection may disappear spontaneously, especially after prudent and systematic physical exercise.

6. The nature of the cerebral lesion in cases of aphasia existing since birth is not known, since no autopsies are recorded. The therapeutics of the affection is little effectual; antiphlogistic measures at first, and later the galvanic current, together with the preparations of iodine and bromine, suggest themselves.

Removal of Tumors of the Abdominal Wall with their Peritoneum.

Dr. M. SANGER, of Leipzig, contributes to the *Archiv für Gynakologie* (Band xxiv., Heft I) an interesting paper on this subject. It deals with the removal of tumors of the belly wall so closely and extensively applied to the peritoneum that

this membrane can only be preserved uninjured by a difficult dissection, after which a large thin sheet of peritoneum, free from its main vascular connections, will be left. In such circumstances some operators have adopted the easier course of cutting away the tumor with its peritoneal covering, and taking great pains to bring together the edges of the peritoneal wound, leaving the skin which covered the tumor as a large loose bag over the stitched-up incision. Others have filled up the gap by stitching omentum into the wound, without great success. Sanger here publishes a case in which he simply stitched together the margins of the incision through the skin and muscles, leaving the large surface from which the tumor had been removed uncovered with peritoneum; so that after closure of the wound a great part of the anterior abdominal wall was left bare of peritoneum. Three similar cases have been published before, one by Esmarch, two by Sklifosowsky. All four were successful. In only one of them (Esmarch's) was drainage employed. In order to determine the behavior of the parts affected when this course had been adopted, Dr. Sanger has made experiments upon animals, and he finds that just as after a destruction of skin healing takes place and fresh epidermis is formed, so after a removal of part of the peritoneum new endothelium is produced. The paper concludes with a general survey of all the cases of tumor of the abdominal wall known to the author.

Case of Labor with Kyphotic Pelvis.

Dr. G. ERNEST HERMAN thus writes to the *Brit. Med. Jour.*: I was called on January 3, 1886, to M. E., aged 23, pregnant for the first time, a patient of the Royal Maternity Charity. There was angular curvature involving the vertebræ from the ninth dorsal to the last lumbar, the most prominent part of the spinal column being at the third lumbar spine. There was no appreciable lateral curvature. The patient had been in labor for thirty-six hours, and the mid-wife had given ergot. The uterus was in a state of tonic contraction, and projected nearly horizontally over the pubes. The head was in the pelvic cavity, forced down so far that the most advanced part of the scalp was about an inch within the vulva. The caput succedaneum was of such size, that it was impossible to feel the sutures. The external conjugate measured 7 inches; the distance between the iliac crests was $10\frac{1}{2}$ inches, and between the anterior superior iliac spines 9 inches; the measurement between the tubera ischii was 3 inches, the antero-posterior diameter of the outlet 4 inches. The cephalotribe was used, and the child delivered. The blades of the instrument, applied in the sides of the pelvis, were found to have seized the head, the left just behind the left mastoid process, the right just behind the right malar bone. The conjugate and the transverse diameter of the brim were discovered, after delivery, to be each more than 5 inches. The child measured $20\frac{1}{4}$ inches in length, and weighed (exclusive of squeezed-out cerebral matter) $6\frac{1}{2}$ lbs.

The case is published on account of its bearings on the mechanism of labor in the kyphotic pelvis. The head was exactly in the usual first position in the pelvic cavity, so that the peculiar shape of the pelvis did not seem to have modified the manner in which the head entered the pelvis. The mode of passage of the outlet is not illustrated by the case, as the cephalotribe was used.

On the Cause and Therapeutics of Insufficient Lactation.

We abstract the following noteworthy *résumé* of the cause and therapeutics of insufficient lactation from a paper of Dr. DOLAN, appearing in the *Allg. Wien. Med. Z. and La France Médicale* (No. 71, 1885):

1. The therapeutic action on the secretion of milk is only possible through the blood.
2. All liliacæ, cruciferæ, solanæ, and umbelliferæ, pass from the blood into the milk.
3. There are no veritable galactogenic remedies; the action of jaborandi is uncertain.
4. Belladonna is an antigalactogenic drug.
5. The proportion of the salts in the milk can be augmented by medicines.
6. Diuretics and purgatives can be administered to the child through the milk of the mother.
7. Dietetic and hygienic means improve both quantity and quality of the milk.

The causes of insufficient lactation are:

1. Insufficient formation of the glandular utriculi or of the epithelium. In this case treatment is useless.

General plethora can be suppressed by appropriate diet and castor oil.

2. Torpidity of the mammary glands; electricity, warm poultices, and cupping will relieve this condition.

3. General anæmia and insufficient alimentation. Dolan regards the presence of dental caries as very important in this respect; the country-women, who usually possess faultless teeth, can also nurse their children best.

Opium Treatment of Puerperal Peritonitis.

Dr. GEORGE A. TROTT thus writes in the *Med. Age*: On January 9, 1886, I was called on to attend Mrs. B——, in her fourth confinement. Examination revealed a cicatrix encircling three-fourths of the os uteri, and which I attributed, after questioning the patient, to cauterization for ulceration several years previous. After ten hours of only ordinarily severe labor, and without instrumental interference, she was delivered of a healthy girl child, weighing eight and one-half pounds. The cicatrix having been necessarily torn asunder in several places during dilatation of the os, and finding the mucous surface of the vagina somewhat abraded, I thought best to order an antiseptic wash, to anticipate, and if possible, prevent any evil results. I accordingly ordered ℥j of boracic acid in a pint of hot water twice a day.

Notwithstanding this precaution, I was informed on the 12th, that Mrs. B. had had a severe rigor during the night, and I found her suffering with all the usual symptoms of puerperal fever; temperature 103°, pulse 130, and respiration 20; tenderness confined to the uterus. I ordered the boracic acid enema increased in frequency to every four hours, and gave iodine and salicylic acid alternately.

The morning of the 13th found my patient in the same condition. Treatment continued, with the addition of occasional doses of digitalis to strengthen the heart's action. On the 14th, at 9:00 a. m., the soreness had increased and extended to the peritoneum, and the patient complained of exhausting sweats whenever she fell asleep. She was troubled with vomiting and was perceptibly

weaker, with no abatement of the febrile symptoms. I immediately ordered Dover's powder, 12 grains every hour, till she had taken three doses, then continued every two hours for ten hours, making 96 grs. in 15 hours. By this time my patient was thoroughly narcotized; respiration 12, pulse 70, and temperature 99°, with gentle perspiration, and pain and soreness all gone; there was no return of the fever, and the patient progressed rapidly on tonic treatment and is now up.

Elongated and Hypertrophied Cervix Uteri.

DR. F. H. TUCKER thus writes in the *Texas Courier-Record of Med.* for Dec.: In October, 1875, I was called to a mulatto woman in labor about forty-eight hours. Upon examination found an elongated cervix, one and three-fourths inches in length, not hypertrophied, but rather a condition of atrophy. With each pain the uterus with its contents would descend, the os becoming almost external. With a probe-pointed bistoury I slit the cervix well up to the vaginal floor. Labor progressed rapidly, and the woman was delivered in two hours without further laceration. Mother and child both did well. Soon after recovery she left my section and I lost sight of her.

In 1876 another mulatto came under my care, aged thirty-eight, mother of one child, twelve years old. Examination revealed another elongated, atrophied cervix, two inches in length. Amputated at once, good recovery. Soon after recovering she moved to Kansas. Last year, 1884, I received a letter from her saying she was married and had given birth to two children.

In the first case, did the condition of the cervix exist before conception? The second case would seem to indicate that it did not, as she had not been pregnant in twelve years, and did conceive and bear children after the operation. And I now have under observation another case of an elongated cervix (atrophied); married six years and no children; refuses an operation so far.

A New Method in Dilating the Cervix.

According to the Swiss correspondent of *L'Union Medicale*, Prof. VULLIET, of Berne, dilates the cervix in the following manner:

"The woman is first placed in the knee-elbow position, the buttocks elevated and the perineum and posterior wall of the vagina raised as much as possible by the speculum. The dilatation is then begun by the introduction of either urethral sounds or bougies, of sizes varying according to the straightness of the uterine canal and the resistance of the organ. The use of these instruments is followed by the introduction of small tampons of iodoform ointment, gradually increasing the number; these are ordinarily left in place for forty-eight hours. Sometimes, in order to hasten or regulate the dilatation, M. Vulliet makes use of laminaria tents; these are never allowed to remain for more than twenty-four hours, and their use is followed by the immediate application of an iodoform tampon, to destroy the germs which the laminaria may have introduced. Proceeding regularly in this manner, at the end of a time which varies from nine or ten days up to five weeks, according to the case, there is obtained a complete dilatation of the womb, which allows its whole interior surface to be thoroughly studied. In the thirteen cases in which M. Vulliet has employed his method, he has always

observed that the tampons were worn without inconvenience aside from slight uterine colic occurring during the first few days. If the uterus is left to itself and it is desired afterwards to make a second dilatation, this is obtained much more rapidly than the first one."

A Case of Hystero-catalepsy of Obscure Origin.

To the Obstetrical Society of New York (December 15) Dr. COE reported the case of a young married lady with whom he had long been acquainted, and whose health has always been perfect. She had never had any symptoms which could be referred to diseases of the pelvic organs. A few days after a menstrual period, she complained of rather vague pains in the lower part of the abdomen, which were soon followed by a series of peculiar hysterical manifestations that were most alarming to her relatives. The speaker remained with her for four hours, during which time she had about twenty attacks. While conversing in the most rational manner, she would suddenly lose her consciousness, and remain perfectly rigid during an interval varying from two to ten minutes. The face became almost cadaveric in appearance, the eyes fixed (the corneæ being insensible), and the breathing imperceptible. The pulse was not affected at all, but continued to be full and slow. The patient, on regaining her consciousness, gave a slight start, and resumed the conversation where she had dropped it, her mind remaining as clear and active as at any time. Treatment appeared to be of small avail, although if used as soon as there was the slightest evidence of the *globus*, inhalations of chloroform occasionally prevented, although they did not shorten, the attacks. Dr. Coe said that he had made a careful examination per vaginam, and had tried to discover the cause of the peculiar condition, but in vain. A curious feature in the case was the fact that the patient was ashamed of her weakness, and struggled against it all the time. Two months had elapsed since the attacks, and there had been no signs of a recurrence.

A Case of Artificial Abortion.

To the Chicago Gynecological Society (November 27, 1885), Dr. CHARLES WARRINGTON EARLE presented specimens from this case:

The foetus corresponded in development to the fourth month of pregnancy, and was not decomposed. It was closely enveloped in the membranes, and entire absence of the *liquor amnii* was noticed. Hemorrhage into the placenta and decidua was not observed.

The following history of the case was read:

Mrs. F., American, has given birth to five children, the youngest twenty months old; labors always normal; has a history of anæmia for some months', if not years', standing; last menstruation ended May 20th, 1885; in June had a very slight discharge of blood; during the weeks following she would occasionally lose a small amount of blood, at other times there would be profuse hemorrhage lasting twenty-four hours. She had at one time a white, sticky discharge, something like the albumen of an egg. October 1st, began to flow constantly with some pain in back and sides, particularly the left. Was seen by Dr. St. John October 12th, at which time he administered the usual styptics, with rest. She continued to flow, with pain, for another week, when hemorrhage was so

severe and prostration so pronounced, and with the suspicion of *placenta prævia* it was decided that temporizing means should cease. After consulting with Dr. Earle, it was decided to induce labor. A catheter was introduced and allowed to remain twenty-four hours, when pains came on and patient was delivered October 17th, 1885. During the entire period of gestation the woman could not detect the usual signs of her former pregnancies. She made a good recovery and menstruated November 20th. There had been no discharge of water perceptible to the lady during the entire period of pregnancy.

Vicarious Menstruation.

Dr. WHITE relates the particulars of this case in a foreign exchange, occurring in a young girl aged 14, the child of parents in a good position. Commencing as an abrasion of the lower lip which bled freely, when first seen by Dr. White there were five deep fissures, from which blood flowed freely, and which was only arrested by direct pressure. After a time, the bleeding, instead of being more or less constant, became periodic, these discharges corresponding also to the menstrual periods, at which time the discharge was scanty. Examination of the blood showed, Dr. White thought, that it was different from ordinary blood, and strongly resembled menstrual fluid. The girl was seen at different times by a large number of eminent London practitioners, and as many different opinions as to the nature of the affection were expressed; only one suggested that it might have been self-inflicted, and that the patient kept up the irritation. Inherited taint was suspected, but denied. On the supposition of hysteria, a careful watch was made by the friends, but no evidence of self-infliction was detected. Matters reached a grave issue, life appeared in question, and Dr. White removed her to his own house, and, under chloroform, applied nitric acid, to the deep fissures. The result was excellent. A good deal of deformity resulted, which was treated by closing the fissures as a hare-lip would be treated. Dr. White had noticed, since the recovery, that the onset of the menstrual periods was always accompanied by deep flushing of the lip, as if bleeding was threatening to break out again. The girl was of a hysterical nature, and, after the cauterization, suffered from hysterical paraplegia. After the wounds healed, menstruation became properly established. Dr. White discussed the views held by different writers on the subject of vicarious menstruation; and whilst dwelling upon the aspects of the case, pointed it out as belonging to such a class of cases though he felt by no means positive on the subject.

Schultze's Swinging Motions to Revive Asphyctic New-born Children.

The *Therapeutic Gazette* says that Prof. SCHULTZE, of Jena, attracted the attention of the entire medical world when, a good many years ago, he first published his now famous mechanical method to revive new-born children laboring under asphyxia. The question whether a new-born child be actually still-born, and no vital energy be present at all, or whether the spark of life be really latent, ready to set agoing the functional mechanisms under appropriate stimulation, belongs to the most important problems that present themselves to the practitioner.

From a description of Schultze's swinging motions appearing in the December issue of *Schmidt's Jahrbücher*, we make the following translation:

The child is caught by its shoulders, so as to place the thumb on the anterior surface of the thorax, the index finger in the axilla from behind, and the other three fingers of each hand transversely across the back, thus supporting the drooping head on the ulnar edges of the palmar aspects of the hands. Then spreading asunder one's feet and inclining the head somewhat forward, the child is swung with outstretched arms upward to an angle of 45° ; then the swinging is stopped. The entire weight of the child rests at this moment on the thumb of the physician, which is pressed against the thorax of the child. This position occasions a considerable depression of the thoracic viscera not only from the diaphragm, but also from the chest-walls. This passive expiration occasions often a discharge of the aspirated fluids through the respiratory channels. Then the physician moves his arms downward, and swings rapidly the child toward his feet, whereby the thorax of the child is widened. As the child hangs by its upper extremities, and the sternal ends of the ribs are fixed, its own weight goes to elevate the ribs, while the diaphragm recedes on account of the shock imparted to the abdominal cavity. This equals a mechanical inspiration of a considerable importance. After a few seconds the child is again swung upward, and the aspirated fluid is then usually discharged.

Gastrotomy for Extra-Uterine Gestation, in which the Placenta Never Came Away.

Dr. BRAITHWAITE relates this case in the *Brit. Med. Jour.*: A full-grown foetus, which had been dead about three weeks, was removed from the abdominal cavity. The placenta fitted on the uterus like a cap, and spread posteriorly on to the neighboring parts. The operation was done aseptically, and the wound closed, except at its lower part, where the funis was left hanging out. The recovery was perfect, though slow. The placenta never came away, except a morsel, about twenty grains in weight, on the sixth day. The placenta must have been slowly absorbed; and in this the case was unique.

Mr. Thornton asked Dr. Braithwaite if some mass representing the atrophied placenta was not still to be detected?

Dr. Braxton Hicks remarked that, whether the placenta had been absorbed or encysted, the fact was of much importance, for he had for a long time thought that it would be best to treat the wound antiseptically, and close it, leaving in a drainage-tube. In four of six cases on which he had operated, however, the sac was already putrid.

Dr. Champneys thought that Dr. Braithwaite only meant that the placenta had not come away, and in this respect his title was more accurate than his description; it might quite possibly have grown in its site, receiving progressive nutrition. He intended, when occasion offered, to strip off the amnion, if possible, from the interior of the sac, and to wash out the vessels of the funis with boro-glyceride; this would be a powerful aid to prevent sepsis, and could do no harm if absorbed.

Dr. Graily Hewitt believed that the placenta might disappear. The vascular connection was very intimate, and it would probably shrink up and be for the most part absorbed.

A Case of Pregnancy Complicated by Aneurism of the Abdominal Aorta—Normal Delivery.

In the *Am. Jour. Obstet.* for February, Dr. GILLETTE furnishes the following details concerning the case: The patient had previously borne two children. Three years before, she went to Lima (Peru), and while there was under the care of local physicians, who discovered an aneurism of the abdominal aorta. She became pregnant, and returned to New York, where she placed herself under the speaker's care. Her menstruation had ceased three months before; she had severe pain in the abdomen, and there was evidence of extensive disturbance of the circulation. Dr. Gillette found that there was no doubt about the existence of the aneurism, and that it was sufficiently large to impart a decided impulse to the uterus. Never having encountered a similar case, he was at a loss as to the best treatment to be adopted. A consultation was proposed, but the patient objected so strongly that the idea was abandoned. As he declined to induce premature labor without a consultation, the lady applied to an abortionist, who tried to induce labor, but failed. Pregnancy progressed to the fifth month, when the distressing symptoms began to be relieved; the pain diminished, and the heart's action became more regular. Improvement continued, and the painful symptoms referable to the aneurism disappeared entirely. The labor was perfectly normal. In order to eliminate every disturbing element, the patient was kept under chloroform during the first stage, and delivery was effected rapidly and easily with forceps. After delivery the aneurismal symptoms returned, and were now present, though much modified. The speaker said that he had reported the case, not only because of its unique character, but because there had been so much doubt as to the proper course which ought to be pursued. It really seemed as if the growth of the aneurism had been retarded by utero-gestation.

Pessaries: Are We Justified in Using Them? Indications for and Methods for their Application.

Dr. HENRY K. LEAKE thus concludes an article on this subject in the *Texas Courier-Record of Medicine* for January:

First, That, whilst there exists great difference of views as to the expediency of using pessaries, the practical gynecologist also is influenced in his opinions by his own individual experience, and will not servilely bow to the authority of those who, perhaps, reject such aids on insufficient grounds.

Second, That the classical pressure symptoms, including weight in the pelvis, sacralgia, bladder and rectal irritation, difficulty and pain on locomotion, dragging pains in hips and lower abdomen, etc., combined or uncombined with systemic effects, are relieved by a skillful adjustment of pessaries, and must be continued to be held as an indication for their employment.

Third, That, in all cases of anæmia, neurasthenia, hysteria, presenting themselves, the cause may be located in some displacement of the pelvic organs, and this point should be determined by immediate examination.

Fourth, That due regard must be had to the natural mobility and normal position of the uterus in the placing of pessaries.

Fifth, That the Hodge pessary and its modifications are the most scientific and rational instruments we possess, and should be used, if possible, to the exclusion of all others.

Sixth, That, contrary to the general view, retroflexion can be redressed and maintained in position by a skillful adjustment of the traction-lever pessary.

Seventh, That pessaries should be fitted and placed with the patient in Sims' position, this being the most favorable for such procedure.

Eighth, That while the evidence thus far has been discouraging as to the curability of uterine displacements by means of pessaries, we must at least acknowledge their powerful aid as palliatives, and we are justified in believing that the future statistician will demonstrate their greater efficacy in tables showing permanent results.

A Case of Infantile Scurvy.

Before the West London Chirurgical Society, Dr. BALL read a paper under this title, describing a case of the disease in a female infant, aged 14 months. There was nothing special in the family-history. The child had been fed on Nestlé's food and a little condensed milk, for four months previously to the occurrence of symptoms. Cow's milk was ordered to be given, also a little meat-juice, and two teaspoonfuls of orange-juice three times a day. Immediate improvement followed, and the child was quite well in a few weeks. Such cases had been recorded chiefly under such designations as acute rickets, osteal cachexia, and hemorrhagic periostitis, until Dr. Barlow established their true nature. The characteristic lesion was swelling of bone due to subperiosteal hæmorrhage; spongy gums were often absent in infants, always so if no teeth were through. Rickets had no necessary connection with scurvy. The disease was due to the absence of antiscorbutic substances from the diet. The great majority of the cases occurred in children fed exclusively on some mealy or amylaceous food, with, perhaps, condensed milk. Meat-juice was a good antiscorbutic if made from freshly-killed meat, and might form a part of the diet when milk could not be borne. Probably not more than one in twenty of the cases recognized and treated as scurvy died.—Mr. Keetley described three cases which had come under his notice. He believed that the complaint was far more common than it was generally supposed.—Dr. Bennett considered that diet played the most important part in the causation of these cases, and it was generally the quality of the milk which was at fault when scurvy occurred. He related the case of a child which was well until weaning. It was then fed with cow's milk, and became ill. The milk was stopped, and Savory and Moore's food given. Improvement at once began; good cow's milk was obtained, and the child became strong.—Dr. Pope had met with two well-marked cases of infantile scurvy. He thought that Nestlé's was a good food, but the directions given with it were scarcely correct. The proper way to give the food was to mix it with milk and water in equal parts.

Electricity as a Therapeutical Agent in Gynecology.

DR. PAUL F. MUNDE thus concludes an article in the *Am. Jour. Obstet.* for December :

1. Electricity locally applied is a valuable agent in gynecological practice, and should be more widely used than it is.

2. It does not require special knowledge or experience as an electrologist to be able to use the agent safely and beneficially in gynecological practice.

3. The remedy, if properly used and on correct indications, cannot do harm.

4. It should be used only in chronic conditions, and if it is the galvanic current, should give no pain.

5. The conditions in which the faradaic current is indicated are chiefly those characterized by deficient development or want of tone of the sexual organs, such as imperfect development of uterus and ovaries, superinvolution, subinvolution, amenorrhea, uterine displacements, interstitial fibroids. The object of the faradaic current is to stimulate the organs to increased growth or activity, and to produce muscular contraction.

6. The conditions in which the galvanic current is indicated are those in which it is desired to promote absorption of adventitious products, chiefly the result of previous inflammation; to allay pain, to excite reparative action, and occasionally to act as a caustic. The rapidly interrupted galvanic current, however, also excites muscular contraction.

7. Perseverance in the treatment is essential to success.

8. Acute and subacute inflammatory conditions, as a rule, counter-indicate local treatment by electricity.

9. The pathological conditions in which electricity proves useful are those in which other treatment often fails or cannot be borne by the patient.

10. In organic diseases, a permanent cure, or a restoration of the diseased organs to perfect health, can usually not be accomplished by electricity, but great relief from pain and certainly temporary improvement in otherwise intractable cases can be achieved by it, without danger and with comparatively little discomfort to the patient.

Porro's Operation; Survival of Mother and Child.

La Gazzetta degli Ospitali (January 20th, 24th, and 27th) reports the case of C. C——, admitted June 10th, 1884, in the Gynæcological Clinique of Pavia under PROFESSOR CUZZI. The patient had suffered much from infantile rickets, and only walked with difficulty at seven years of age. She menstruated at twelve, was married at twenty-six, and had a history of seven pregnancies. The first resulted in the birth of a living child at seven months, the second in abortion at three months, the third in a living child at full term, the fourth in twins born alive at seven months, the fifth and sixth in living children at full term. The patient remained in comparatively good health for five years, when she again became pregnant. Her health suffered greatly, she endured intense pain, and sought admission into the Pavia Clinique in the eighth month of gestation. She was greatly debilitated, and the pelvis so much deformed that the lower outlet barely admitted the exploratory finger. Labor pains commenced at 1 p. m., July 22d. As natural delivery became obviously impossible, in the absence of Professor Cuzzi, who had foreseen the probable necessity of operative interference, this was undertaken, with competent assistants, by Dr. Guzzoni degli Ancarani. The patient having been placed under chloroform, and strict antiseptic precautions adopted, an incision eight inches long was made in the middle line, and, according to Müller's modification of Porro's operation, the uterus was bodily brought

out through the wound and an elastic tube applied round the cervico-uterine cone (*sul cono cervico-uterino*). Having divided the uterus, broken the membranes, and extracted the fœtus, the operator replaced the elastic ligature with a wire one; he then amputated the uterus and applied perchloride of iron to the stump. Having quickly completed the peritoneal toilette, the stump was fixed with a strong needle passed below the metallic ligature, the wound sutured with anti-septic silk, styptic colloid applied to the edges, and the dressing completed. The operation lasted for a few minutes over the hour. The woman woke in good condition, and had some repose after a hypodermic injection of sulphuric ether. The child, a male, was living. All the sutures were removed after the seventh and eighth day. Convalescence was uneventful; the patient left her bed the forty-fifth day, the clinique for home the eighty-second day after the operation, and continued in fairly good health when seen a year afterwards.

Prevention of Laceration of the Perinæum in Primiparæ.

Dr. J. ALGERNON TEMPLE, thus writes in the *Brit. Med. Jour.* for November 21, 1885.

For many years I have been greatly disappointed with the means recommended for prevention of laceration of the perinæum; and, after most careful study of the subject, I came to the conclusion that the only method of any value was to prevent extension of the head from occurring, and to compel it to be born in a state of forced flexion.

In primiparæ, the vulval orifice is small and resisting, and the occiput in its descent does not reach the pubic arch (as it does in multiparæ) before extension commences; as a result of this extension, the long occipito-frontal diameter, which measures about four inches and a half, is obliged to traverse the perinæum, to be followed by the fronto-mental, which measures about three inches and a half, making in all part of a circle about eight or nine inches in length. This naturally stretches the perinæum and vulval orifice to its utmost capacity, and it is during this time that rupture is apt to occur.

To guard against this over-distention in cases where I fear laceration, after the head has reached the floor of the pelvis, and just previously to extension, I have been in the habit of applying the short forceps, and then, by carrying the handles backwards, I flex the chin on the chest, while, at the same time, gentle traction is made downwards and backwards. In this way, I deliver the occiput first, keeping the chin close to the chest; this brings the cervico-bregmatic diameter, which is but three inches and a half, through the vaginal orifice. This plan saves the perinæum one inch or more of distention. I have had the best results from this practice, and have taught it to my class of students for the past three years.

The practice as taught by Dr. Gaussen is, I think, somewhat difficult to carry out with the fingers, though he desires to obtain the same end as I here advocate. With the forceps, it is easy and safe.

I think this subject one of great importance, and worthy of a trial by any who may have any doubt as to its efficiency. In fact, I may say I am doubtful of the propriety of carrying the handles of the forceps forwards, as taught in the textbooks, in any case.

Intravenous Injection of Saline Solution in Extra-Uterine Pregnancy.

In the *Vratch*, No. 33, 1885, p. 543, Drs. J. F. Zemacki and Kotelnikoff, of the Obukhovsky Hospital for Women, in St. Petersburg, detail the case of a soldier's wife, aged 31, who had been brought pulseless, insensible, with all the signs of acute anæmia. The patient had been reduced to this state by profuse uterine hemorrhage of three days' duration. The uterus was found slightly enlarged, the os being closed, but discharging some sanguinolent fluid. The subcutaneous injection of camphor and the internal administration of valerian, Hoffman's solution, and wine, brought but slight improvement. In view of the danger immediately threatening the patient's life, the authors resorted to intravenous injection of a litre of a solution of common salt (six grammes), liquor potassæ causticæ (one minim), and pure carbonate of potash (three grammes), in water (1,000 grammes), heated up to 40° C., and poured through a funnel from the height of a mètre. The transfusion lasted about fifteen minutes. A very marked improvement immediately ensued, the cardiac action becoming stronger, the pulse fuller and less frequent, the consciousness returning, etc. The patient being now able to give account of herself, the authors learned that she had been previously healthy up to three days before, when painless flooding suddenly appeared; the last menstruation had occurred three months ago; nevertheless, the patient did not regard herself as pregnant. Having taken all together (including the negative results of a repeated careful examination), the authors arrived at the conclusion that they had probably to deal with a case of intra-uterine growth. However, during the subsequent days, there were developed all the signs of acute peritonitis with intra-peritoneal accumulation of fluid, and on the fifth day after her admission the patient died in collapse. The *post-mortem* examination revealed rupture of the left Fallopian tube, which was greatly distended, and contained a foetal sac with a large blood coagulum and rudimentary placenta, but no embryo. The peritoneal cavity was filled with an enormous amount of sanguinolent fluid, the bowels being matted together with loose fibrino-purulent membrane. The uterine end of the ruptured oviduct was impassable for a probe; hence the authors concluded that the flooding proceeded from the cavity of the womb. They seemed to think that the rupture of the tube took place after the patient's life had been saved by the injection of saline solution.

Hypnotism During Parturition.

In the *Wiener Medizinische Wochenschrift* (No. 45), Dr. E. PRITZEL, assistant to Prof. Karl Braun, reports a case of childbirth during hypnotism, probably the first of the kind on record.

The patient, single, 26 years of age, was admitted to the obstetrical wards of Prof. Braun in the eighth month of pregnancy. She had always menstruated regularly from her fourteenth year up to January of last year; since then her health had been good, and she had been entirely free from the nervous manifestations so common during pregnancy.

Upon examination, it was found that she was readily thrown into a hypnotic state by holding a thermometer-bulb before her eyes for a few moments; she

became unconscious and insensible to all irritations, while her color, pulse and pupillary reactions remained unaffected. At the end of a quarter of an hour or half an hour, the patient was aroused by long and continued irritation, shaking the body, blowing upon the cornea, slapping the breast with cold wet cloths, etc. After revival, she declared that she felt well after each experiment, but it was noticed that it was usually followed by a deep but natural sleep.

Labor set in October 30, and during the first stage she was restless and unmanageable. Cramps in the limbs and intensity of the pains during the second stage suggested a narcotic or the induction of artificial hypnotism. The latter expedient was adopted, and with entire success. She became unconscious and insensible. It was found that, instead of decreasing in force, the uterine contractions became more energetic, and were aided by the abdominal muscles. While the patient was entirely insensible, it was still noticed that she bent the left forearm as if cramp were present, and there was considerable stiffness in the left leg; the right side of the body was unaffected. Between the pains she lay motionless, as if asleep. A well-developed female child was born, which cried lustily; the placenta was expelled, under the influence of abdominal pressure, in three-quarters of an hour. The patient was awakened by holding ammonia to her nose and shaking her, after unconsciousness lasting an hour and a quarter. The confinement was in every other respect strictly physiological. In two other cases from the same clinic the method was also successful, although to a less marked degree.

Gonorrhœa in the Female.

Dr. LOMER has published in the *Deutsche Med. Wochenschrift*, a contribution entitled "The Significance and Diagnosis of Gonorrhœa in the Female." Professor Bumm has recently asserted that the disease in question chiefly involves the cervix uteri, where the ciliated cylindrical epithelium appears to afford it better nourishment than it could receive from the pavement-epithelium of the vagina. Indeed, he looks upon gonorrhœal colpitis or vaginitis as a secondary disease, due to irritation of the vagina, through contamination caused by escape of the discharge from the diseased cervix. Neisser's diplococci are said to be pathognomonic of gonorrhœa; but they are difficult to find when mixed up with numerous other organisms in vaginal discharges, nor are they specially affected by any particular staining fluid; besides, diplococci are sometimes found in non-gonorrhœal vaginal secretions, and especially within pus-corpuscles. Dr. Lomer has examined the vaginal secretions of several hundred women in Shroeder's wards. He has come to the conclusion that the vaginal secretion is unsuited for the detection of diplococci in suspected cases; they must be sought in discharges taken direct, with the assistance of a speculum, from the cervical canal. Only those cases where diplococci are found within pus-corpuscles are, in Dr. Lomer's opinion, true gonorrhœal, but he admits several sources of fallacy, since he has found the same conditions in the vaginitis of children and in women in childbed. Clinical appearances must be taken into consideration, such as inflammation of the vulva, vagina, and urethra. In purulent catarrh of the cervix, Dr. Lomer, like many other authorities, considers that a greenish coloration of the pus is very suspicious. He is able to authenticate previous opinions on the relation of gonorrhœa

to sterility, and finds that chronic gonorrhœa is frequently associated with scanty menstruation. The presence of hydrosalpinx or pyosalpinx tends strongly to confirm the suspicion of gonorrhœa. Dr. Lomer found that a very considerable number of the patients whom he examined were subject to gonorrhœa without being aware of it. Whilst the most frequent cause of disease of the uterus and its appendages was the puerperium, gonorrhœal infection came next in order of frequency. Sänger, of Leipzig, found that one-ninth of all the gynæcological cases under his charge were of gonorrhœal origin.

Removal of both Ovaries during Pregnancy.

Before the Obstetrical Society of London (February 3), Mr. KNOWSLEY THORNTON described this case :

M. W., married, aged 22, in the third month of pregnancy, was known to be large twelve months before marriage. She was now large beyond the size of pregnancy, and had a large fluctuating tumor in the abdomen, which was growing fast. She had had several attacks of pain in the abdomen, with rise of temperature, sickness, and faintness. The diagnosis was ovarian tumor, complicated by pregnancy. Ovariectomy was performed on February 4th, 1885. Dermoid tumors of both ovaries were removed. Rapid and uninterrupted recovery followed. Premature delivery took place at the eighth month. The labor was uncomplicated. The lochia were normal. The child was healthy, and there was plenty of milk to nurse it. On examination, the uterus was found to be atrophic. The patient suffered from flushes, chills, etc., just as in an artificial menopause brought on by operation. The author made remarks on the physiological and pathological problems which this case suggested.

Dr. John Williams said that, in a note read before the Society in 1884, he described a case of involution of the puerperal uterus in the absence of the ovaries. In that case the left ovary had been removed some years previously, and the right was removed soon after labor set in. The course of the process of involution might have been affected directly by the interference of the operation in his case; but in Mr. Thornton's such could not have occurred, for the operation was performed months before labor set in.

Dr. Routh remarked that the atrophy of the uterus could not impede lactation, and quoted Dr. Livingstone, who stated that the wives of African kings were not allowed to suckle their own children, as it was thought derogatory. The child was given to the grandmother, generally an old woman, to whose maminae and pudenda certain plants were applied, and the child was put to her breast, with the result that she was able to suckle the child. He also alluded to well-authenticated cases in which men had suckled. He objected to the conclusion that menstruation always depended upon ovulation; this question he considered undecided, and facts were accumulating to show that menstruation had really very little to do with ovulation.

Dr. Matthews Duncan regarded tapping as the best treatment in cases of simple parovarian cysts. It involved less danger than extirpation, and was often successful. The extirpation of small papillomatous ovaries involved many difficulties. He did not believe any operation could cure, where malignant disease had extended to several different parts of the peritoneum. He also reminded

the Society that Dr. Tyler Smith had supported the view that the commencement of labor was a function of the ovaries. This view was now rendered almost untenable by Mr. Thornton's case. He had no doubt whatever that the ovaries were indissolubly connected with menstruation.

When Should Menstruation Cease?

Dr. W. E. HUGHES thus writes in the *Med. Age*: A question it is to be presumed every practitioner of medicine has put to him occasionally by some female patient, and which is not very easy at all times to answer, is: "Do you think I am approaching the change of life?" or, if not worded just as this is, the meaning is the same. We find that the majority who consult us expect "the change of life" to occur at the age of 40 years, and this has come to be generally considered as the time at which it should occur; and although it may be so in many instances, the fact remains, that the period is very variable.

An extensive experience has led me to construct a table or calculation, by means of which may be told almost to a certainty when the "change of life" may be expected; and it is now given for what it is worth, and to lead others to compare their experience with mine as to any value it may possess. Of course many exceptions will be found, as there will be to any rule, for instance, an obstetric table. Commencing with the propositions: First, that the allowance of years to mankind is "three score and ten." Second, that a woman is capable of child-bearing for half her life after she arrives at the age of puberty. Now find out at what age menstruation began in any particular case, subtract this from seventy, and divide by two, the result is the number of child-bearing years: add this to the age at which menstruation began, and it will give the age at which it should cease. For instance:

Years of life	70
Menstruation began at	16
	<hr/>
	54
	<hr/>
Half of which is	27
(The child-bearing period).	
Add the commencing age	16
	<hr/>
Giving age at which it ceases	43

Bearing in mind the facts that those who begin early cease early, and those who begin late cease late, we should have the following table:

Beginning at 12	ceases at 41
" " 14	" " 42
" " 16	" " 43
" " 18	" " 44
" " 20	" " 45

Although this table has been found in the main correct, allowance must be made for causes producing variations; it is not sent forth as infallible, but it will be found to "hit" nine times out of ten. It is doubtful if any trace of the idea will be found in works bearing on the subject, and it is believed to be original with the writer.

The Management of Placenta Prævia.

Dr. MALCOLM McLEAN thus concludes an article in the *Am. Jour. Obstet.* for March :

In conclusion, I would offer the following rules as appearing to me best for our guidance in general, in dealing with placenta prævia :

1. In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet irritation.

2. Inasmuch as the dangers from *hemorrhage* are greater than all else to both mother and child, at the earliest moment preparations should be made to *induce* premature labor; and labor being once started, the case should be closely watched to its termination by the accoucheur.

3. In primiparæ, and mothers with rigid tissues, the *vagina* should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

4. In the *majority* of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the *thorough, continuous* hydrostatic pressure of a Barnes' dilator than on pressure by the foetal parts.

5. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practiced according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

6. The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

7. In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

8. In some cases, in the absence of sufficient assistance of the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

9. The dangers of septic infection by means of the tampon or India-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

10. Whenever it is possible, dilatation and delivery ought to be *deliberately* accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.

A Remarkable Congenital Deformity.

Dr. BLAIR D. TAYLOR, Captain and Assistant Surgeon U. S. A., of Little Rock Barracks, Ark., writes to the *Med. Record*, January 16th, that he was called to see a girl seven years old who presented the following conditions: "There was complete atrophy of the left scapular muscles, with the single exception of the deltoid, which retained sufficient power to raise the arm about two inches. The entire upper extremity on the same side was nothing more than a cylinder about one inch in diameter, consisting solely of integument and bone. The elbow was bent at a right angle, and ankylosed, and the extremity of the forearm was clubbed, and presented some faint traces of a division into a thumb and fingers, the latter being consolidated. Both pectoral muscles on this side, the latissimus dorsi, serratus magnus, trapezius, rhomboids, and all the other muscles of the arm, forearm, and hand, were completely shrunk and useless. On the front of the shoulder, just over the coracoid process, was a deep scar, about the size of a nickle five-cent piece, and just above the spine of the scapula were three deep scars, about half as large as the other. Both parents had dark eyes and complexions, but the child had a gray eye on the left side, and a dark brown one on the right. The left side of the head, face, and neck was pale, and never became flushed or moistened with perspiration during exercise. On the right side, the complexion was ruddy, and perspiration was free, and increased by exertion. The child complained of frequent neuralgic pains in the milk-teeth of the left side of the mouth, although they were as perfect in appearance as those on the other side. The sight of each eye was equally good, and there was no atrophy or paralysis of the facial muscles, or of the sterno-cleido-mastoids. In every other respect the girl was perfectly developed, and she was unusually active and intelligent for her age. Examination of the left lung showed no abnormality, except a lack of expansion on that side from atrophy of the serratus magnus. The heart and other internal organs were healthy as far as could be determined. The occasion of the visit at this time was for advice concerning an indolent ulcer above the left elbow, which had existed almost constantly from birth, healing up at intervals, and reappearing upon the receipt of any slight injury. The existence of this ulcer was easily explained by the feebleness of the circulation in the left arm." Dr. Taylor is inclined to attribute this arrest of development to the influence of maternal impressions. He learned that the mother, when two months pregnant with this, the first child, while passing through a neighbor's yard, was suddenly attacked by a large and fierce dog, who sprung up, attempting to seize her by the left shoulder. The woman threw up her left hand to the same shoulder, and disengaged her cloak, leaving it in the animal's jaws, escaping herself without any physical injury. To the fright and lasting impression which this incident left upon her mind, the mother attributed her child's deformity. Both parents are healthy, and two children born subsequently are physically perfect. When the child was born the stump of the hand was touching the left acromion process, in exactly the position which the mother's arm was while she was disengaging the cloak, but by subsequent manipulation the forearm was brought down to its present position at a right angle to the arm. The scars on the shoulder resembled such as would have been produced on the mother had the dog succeeded in his attempt to imprint his teeth in her shoulder.

VII. SURGERY.

Gangrene of the Scrotum Following Excision of Inguinal Glands.

In the *Med. News*, 1885, Dr. W. B. PLATT, of Baltimore, reports three cases of removal of inguinal glands, followed by gangrene of a portion of the scrotum, which the author considers to be a consequence of the operation. In seeking for the immediate cause he repudiates phlegmonous erysipelas, direct extension of septic infection or inflammation, and obstruction of the circulation, and, reasoning by exclusion and analogy to similar conditions produced in other parts of the body, he concludes that it is an acute reflex trophic lesion due to irritation of the branches of the ilio-inguinal nerve and reflected to the terminal filaments in the scrotal tissues.

Fixation of Floating Kidneys.

In the *Jour. Am. Med. Ass.*, 1885, Dr. L. H. DUNNING, of South Bend, Ind., concludes from observations upon recently killed animals, supported by one operation in the human body, that the kidney has a normal range of motion in its bed of peri-renal fat, and, considering that the operation for fixing a floating kidney should not interfere with this power, he disapproves of stitching the capsule to the adjacent structures, or of any plan to secure its adhesion to the parietes, but recognizes that if the peri-renal fat and capsule are intact—retaining their intimate relation to each other and to the kidney, as may be ascertained when the viscus is exposed—suturing of the fatty envelope fulfills all indications, and is the method to be chosen.

Treatment of Intestinal Obstruction by the Force-Pump.

Dr. H. ILLOWAY, of Cincinnati, in a paper in the January number of the *American Journal of the Medical Sciences*, advocates the employment of enemata administered with sufficient penetrating power to pass beyond the ileo-cæcal valve and into the small intestines, and to produce peristaltic action. He advocates the use of the force-pump, and claims, (1) That enemata thus administered are superior to every other method of treatment in the rapidity with which they either relieve the symptoms or clearly indicate the necessity of surgical interference; (2) that they are entirely free from all danger, and in no way prejudice the case should a surgical operation become necessary.

The Treatment of Epididymitis by Oil of Yellow Sandal-wood.

The general opinion as to the action of sandal-oil on gonorrhœa is that it becomes excreted by the urine, and during micturition comes in contact with the

mucous membrane of the urethra, thus acting as an injection. The correctness of this view is open to question, and its falsity is almost established by the favorable effects obtained by Dr. WHARRY (*Annals of Surgery*, November, 1885,) in the treatment of epididymitis with sandal-oil. He reports four cases of swelled testicle in which the internal administration produced in all a cure within a few days. Dr. Wharry was also successful in two cases of gonorrhœal rheumatism by the use of this oil internally. In both cases the symptoms disappeared within a few days.

External Use of Lobelia Inflata.

Dr. V. N. REICHARD highly recommends the use of lobelia inflata (*Med. Times*, December 12, 1885), as a local application for indolent sores, chronic erysipelas, and especially in incised wounds, in which latter class of cases it acts as a hæmodynamic and astringent. The mode of employment of lobelia for this purpose in cases of incised wounds, no matter how great the hæmorrhage, provided, however, it does not require a ligature, is to bring the edges of the wound together, and to hold them for a few moments, while a pledget of cotton, wet with tincture of lobelia, is applied. Dr. Reichard says that hæmorrhage will then cease and the parts adhere, and, although lobelia may not be a germicide, it will so entirely close up a wound as to render it perfectly aseptic.

Nux Vomica in the Treatment of Prolapsus of the Anus.

M. SCHWARTZ (*Les Nouveaux Remèdes*, December 1, 1885), has employed the extract of nux vomica with success for the last ten years in the treatment of prolapsus of the rectum, not only in children, but even in adults in whom this condition had been neglected and had passed to the chronic stage. He administers it in a dose of $\frac{3}{4}$ to 1 grain dissolved in an ordinary tumblerful of water, of which 7, 8, or 10 drops are taken every four hours. He claims that in twenty-four hours the prolapsus will have disappeared. For children the dose is 5 drops, and for infants, up to two years of age, 2 to 3 drops. In order to prevent recurrence he advises the continuance of this medicine, in two doses daily, for a week after the cure. If the prolapsus is of long standing, and does not yield to this treatment, he adds to the above 60 grains of the extract of rhatany.

Diseases of Finger-nails.

At a meeting of the Cambridge Medical Society on December 4th, 1885, Mr. LAURENCE HUMPHRY showed a patient, aged fifty-three, a married woman, suffering from a peculiar disease of the finger-nails. All the nails of both hands were attacked with very accurate symmetry, but not the feet. The nail was opaque, thickened and heaped up, the edges and surface broken up, irregular, and filled with dirt. The patient described it as commencing under the free edge of the nail, and then working round to the root, the nail becoming black, split up, and finally coming off. It was accompanied by a hot itching sensation, and tingling and numbness down the sides of the fingers. There was no skin eruption, or soreness of the side of the nail. Her history gave no evidence of gout or syphilis. Mr. Laurence Humphry referred to plate 17 of Hebra's Atlas of Skin Diseases, where a similar condition was figured, and described in the catalogue as "Chronic General Onychitis."

Corrosive Sublimate in the Treatment of Granular Conjunctivitis.

DUDARGIN (*Rec. d'Ophthal.*) recommends a solution of corrosive sublimate for the treatment of granulations, the strength to be preferred being 1 : 250, including the quantity of alcohol or ammonium hydrochlorate necessary for its solution. He recommends the following formula : Corrosive sublimate, 1 gramme ; alcohol, 10 grammes ; distilled water, 240 grammes. More concentrated solutions are painful and have no special advantage. In solutions of 1 : 10,000 the remedy is no longer caustic, but simply antiseptic and parasiticial. In the solution recommended by Dudargin, the remedy is active, markedly astringent, and painful, and causes marked injection of the eyeball. The lids are to be everted, and the solution carefully brushed over the conjunctiva, without neutralization. These cauterizations may be repeated two or three times a week, and they are especially useful in chronic granulations, even on the cornea. After two or three applications, the conjunctiva of the lids become smooth, the granulations are flattened, and the cornea is very much improved.

Large Loose Cartilage Successfully Extracted from the Knee-joint of a Patient Aged Eighty Years.

Mr. FREDERICK PAGE reports this case in the *Lancet*: M. G——, a woman aged eighty, was admitted into the infirmary on November 5th, 1885, with the following history : For the last five or six years she had suffered from pain in the left knee-joint, and was aware of a loose body in it which she was able to push from one part of the joint to another. On November 1st she fell upon her knee. Considerable pain and swelling of the joint followed, and for this she was admitted into the hospital. The limb was kept at rest on a MacIntyre splint.

December 15th.—All inflammation having subsided, a free incision was made into the joint under carbolic acid spray, and a loose cartilage extracted. The cartilage was peculiar in appearance, not unlike a flat oxalate of lime calculus. In length it measured 2 in., in breadth $1\frac{1}{4}$ in., and $\frac{3}{4}$ in. in thickness. It weighed 250 grains. The wound healed kindly.

29th.—The patient was able to move about the ward readily.

The case is interesting from the age of the patient, and from the size and peculiar appearance of the loose body.

Case of Right-sided Chylothorax from Rupture of the Thoracic Duct.

In the *Centbl. f. Chirg.*, 1885, Dr. KRABBEL, of Wittenberg, adds another case to those collected by Kirchner (v. *Annals*, September, 1885, p. 263) :

A miner, æt. 16 years, was run over in the pit by an empty coal car of 300 kg. weight. When seen next morning he did not appear to be severely injured. No trouble in breathing ; only complained of pain in sternum and to sides of chest. Spine somewhat sensitive to pressure over last dorsal vertebra, yet not more so than on sides of body. He could sit up alone. No paralysis, cough, nor expectoration of blood. Below right scapula a dulness reaching up two finger-breadths. He was comfortable at this time. Next day some increase in dulness. The third day he was worse. Breathing more rapid ; no fever. Preference for lying

on right side. He got up against orders and walked across room. In night from 4th to 5th he became suddenly worse; dyspnœa, restlessness, thirst without fever. Morning of 5th, dulness over whole right side of chest, except tympanitic at apex front and back. P. 110. He was not punctured, since a right hæmo-pneumothorax from vascular injury was assumed. Death same afternoon from suffocation. Right pleural cavity filled by about 6 l. of a milky, odorless fluid. Lung collapsed and uninjured. Transverse fracture of ninth vertebra, and opposite this a transverse rupture of thoracic duct. The chyle is believed to have developed a gas, as in a very similar case of Quincke's. Aspiration he thinks would have been futile.

A Case of Destruction of a Portion of the Axillary Artery by Sarcoma.

Before the Royal Medical and Chirurgical Society (Dec. 8, 1883), W. S. SAVORY recorded the case of a man, aged 33, who was admitted into St. Bartholomew's Hospital with a large tumor beneath the pectoral muscles. The mass was soft, and manifestly increased in size during the fortnight the patient was under observation. An attempt was made to remove the growth by a free incision along the lower margin of the pectoralis major, where it presented, through the fat of the axilla, a well defined outline. That part of the tumor which lay below the vessels was easily removed, but no attempt was made to detach the portion which was found, during the operation, to have grown around those structures. Whilst securing some insignificant arteries, which had been divided in the lower part of the axilla, the hemorrhage, which up to that stage had been but slight, began to be exceedingly copious. In searching for the seat of the bleeding, it became evident that it proceeded from where the axillary artery should have been, though that vessel could nowhere be found. The hemorrhage was afterwards arrested by means of pressure-forceps. The patient lived for a week after the operation, when there was suddenly a violent gush of blood, and before it could be arrested he died. Post mortem examination showed that the part of the axillary artery involved in the tumor was completely broken up.

Unique Mode of Contagion of Gonorrhœa.

M. HORAUD communicates the following unique case to the *Société Médicale de Lyon* :

M. C., student of medicine, had four years previously an attack of gonorrhœa which lasted about twelve days, and disappeared leaving no trace. This was the only venereal disease he had ever had. On the 10th of July, he visited a public house of prostitution, and with the view of escaping all risk of contagion, he had a connection *ab ore*, with a woman accustomed to this form of exercise. He immediately washed himself and dried the penis with a clean towel. He states that he had no other contact with the woman. The next day he felt a sensation of warmth in the urethra, and pressed out a whitish drop.

On the 13th of July, Dr. H. examined him and found an abundant purulent discharge, the examination of which demonstrated the existence of globules of pus and numerous gonococci. He was treated with injections, and the discharge disappeared in the course of fifteen days.

The woman was examined and found to have neither buccal inflammation nor urethro-vaginitis. How explain the development of gonorrhœa in this case? It could not be a simple inflammation produced by suction, since the discharge contained the gonococcus, which proves that it was a gonorrhœa determined by contagion. The probable explanation is that the urethra of my patient encountered, in the mouth of the woman, gonococci deposited in a recent intercourse *ab ore*.

Hypertrophy of the Breast.

Dr. SPETH, of Munich, has described in a recent number of the *Munch. Aertzlich. Intel. Blatt.*, an instructive case of this disease, under the care of Professor Helferich. The patient was subject to a steady hypertrophy of the right breast during every pregnancy; after labor, the enlargement remained stationary for about six days, and then decreased, but the breast never returned to its natural size. The enlargement was accompanied by severe pain. She was twenty-six years old, and had been five times pregnant in the space of five years and a few months. The weight of the breast towards the end of the fifth pregnancy was about twenty pounds, and its greatest circumference over twenty-five inches. It hung down to the anterior superior spine of the ilium. In its substance, six large tough glandular lobules could be detected. It secreted no milk, though the left breast was in perfect order during lactation. Dr. Speth considers that pure hypertrophy of the breast is exceedingly rare, most alleged cases being instances of hypertrophy accompanying fibroma or sarcoma; indeed, he declares that an indisputable case is unknown. Even the hypertrophy itself appears to be invariably associated with chronic inflammation and serous infiltration. The interstitial connective tissue is greatly increased, and, at the end of labor, it begins to contract, so as to cause atrophy of the glandular substance. No treatment, excepting amputation, is of any avail; Professor Helferich's patient refused to undergo that operation. On the other hand, the only danger to which a patient with this affection is exposed, is the chance of very acute inflammation after labor.

Removal of Cancerous Cervical Glands by Axillary Incision.

Dr. A. C. GODFRAY thus writes in the *Brit. Med. Jour*: On May 5, 1885, I removed a large scirrhus tumour involving the whole right breast from a married woman, aged 59. At the same time, I cleared out from the axilla three enlarged lymphatic glands of the size of a pigeon's egg.

On January 3, 1886, the patient came to me complaining of stiffness on moving the right arm. On examination, I found a hard mass under the pectoral fold, and also high up in the axilla. No enlargement of cervical glands could be detected on careful manipulation. On January 5th, I cleared out the scirrhus masses from the axilla; then, passing my right index-finger to the top of the axilla, by means of conjoined examination, I discovered an enlarged cervical gland. By the aid of the finger-nail and a little assistance from polypus forceps, I removed four cervical glands, all indurated, and varying in size from a split pea to a French bean.

I put this case on record, as I am not aware that cervical glands have been previously removed in this manner. We all but too frequently are disappointed on

finding, after removal of a breast and clearing out of the axilla, that a recurrence takes place sooner or later in the cervical glands; and, when we see the patients, operation is out of the question. I would earnestly suggest that every operator should carefully examine these glands through the axilla, and, if they be enlarged, remove them in the way described. It takes some time and patience, but the ultimate gain in prolongation of life will probably be found very great. I would recommend the introduction of a drainage-tube and strict antiseptic precautions.

Riggs's Disease of the Teeth.

A peculiar disease, affecting the gums and sockets of the teeth, was described by Dr. J. M. RIGGS, of Hartford, Connecticut, eighteen years ago; and as there had been no records of the condition previous to that date, it has been named in honor of the investigator—Dr. Riggs. The disease is a progressive inflammation existing under the gums, and wasting both the hard and soft tissues, so that the attachments with the roots of the teeth are gradually destroyed, and the teeth become loosened and fall out. Dr. Riggs suggested the removal of all foreign substances from the roots of the teeth, and the trimming of the necrosed edge of the alveolus to the life-line, leaving nature to restore to a normal condition. For this purpose he invented a set of instruments, new and unique in design. G. A. Mills, in a recent number of the *New York Medical Journal*, says that the simplest form of this disease may often be seen at the peripheral part of the festoon of the gum-tissue, indicated by a congested appearance. On lifting this gum with a delicate instrument, there will be seen a little seed-like granule of calcified substance. Another case may show a deep-red and raw-looking elongated appearance of the gum-tissue about the necks of the teeth, with or without any deposit; there may also be a looseness of the gum about the teeth, which causes quite a pocket. This latter condition is often a sequela of exanthematous disorders. There is also a peculiar odor associated with this condition, which, it is said, if once recognized will not be forgotten. Slight pressure on the gum will in the majority of cases cause a flow of pus, which is not always confined to one tooth, but may be general. The treatment advocated has been already indicated.

Wandering Testicle.

The perusal of Dr. J. B. HAMILTON's paper in the *Brit. Med. Jour.*, March 7, 1885, p. 536, has induced Dr. L. Klatchko to report (*Vratch*, No. 41, 1885, p. 689), a similar case of movable testicle in a youth, a druggist's assistant, who came to the author complaining of a painful and troublesome swelling which made its appearance in his left groin every evening after a hard day's work in the erect position, and which invariably disappeared during rest at night. The symptoms had first come about a year previously, during a busy winter season, but had subsided with the advent of relatively still summer months, to return with an autumn revival of the apothecary's business. On a morning examination, the left side of the scrotum was found empty, a forefinger easily passing up into the empty inguinal canal. The testicle, which was of normal size and consistence, but slightly tender, could be felt within the abdominal cavity near the region of the internal ring, about $2\frac{1}{2}$ inches from the pubes, close to the horizontal branch from the pubic bone. An evening examination showed that the tes-

ticle had come down into, and been jammed in the canal. It could be, however, fairly easily pushed back by the finger into the abdomen, beyond the internal ring. It never descended into the scrotum. Dr. Klatchko advised the patient to constantly wear a truss, in order to keep the testicle always within the abdominal cavity. According to the author, the daily descent of the testicle into the canal may be explained "by an increase in the intra-abdominal pressure, originating from an involuntary contraction of the abdominal muscles, which contraction develops itself as an instinctive accessory support to the body, when the latter is overstrained by an incessant erect position, the same muscular phenomenon being observed also when we try to lift any very heavy object."

The Treatment of Gangrenous Intestine in Strangulated Hernia.

In a paper having the above title, W. MITCHELL BANKS, F. R. C. S., (*London Medical Times*), sums up the following conclusions:

1. That when gangrenous gut is discovered in a hernial sac, no attempt whatever should be made to divide the stricture.
2. That practical experience is required to determine the expediency of drawing down into the hernial opening a fresh piece of bowel.
3. That the cases appropriate for the resection of the gut must be very few, requiring, as it does, that the patient should be young and vigorous, with abundant reparative power; that the hernial sac should not be full of putrid pus or evacuations from a perforated bowel; and that the operation should be done in daylight, and with competent assistance and antiseptic precautions. So far the statistics of resection of gangrenous bowel show a mortality of fifty-two per cent., whereas by making an artificial anus all the patient's immediately dangerous symptoms are relieved, while he has a chance of subsequent cure (a) by spontaneous closure of the aperture; (b) by the use of the enterotome or the rubber tube; and (c) by the employment of resection at a later stage, the statistics of which show a mortality of only thirty-eight per cent.
4. That in resecting a bowel it is not necessary to have an apparatus to distend it, and that while the fingers of an able assistant will generally serve to control the divided ends, it may be necessary to use some simple clamping instrument having parallel blades and covered with rubber.

Excision of the Hip.

Dr. WM. ALEXANDER, of Liverpool, closes an interesting paper on excision of the hip, in the *Med. and Chirurg. Journal*, as follows:

1. That hip disease should, in the earlier stages, be treated by that absolute and perfect rest obtained by means of Thomas' splint.
2. That this treatment, thoroughly and persistently carried out for a long period, will cure a large percentage of joint diseases.
3. Unfortunately, this treatment cannot be and is not persistently carried out amongst the poor.
4. Many of these patients could be saved by excising the joint when a decided second stage of hip disease has been reached. Excision is best performed by severing the femur above the trochanter, clearing out the acetabulum, and main-

taining the opposing bones so far apart that their surfaces can resume a healthy condition and the aperture be filled up with fibrous tissue. By this means an excellent false joint is formed, or, if the adhesions become too firm, a good stiff joint.

5. That the advent of the stage of this disease suitable for excision is indicated by repeated formations of abscesses around the joints.

6. That when the supra-trochanteric mode of excision cannot be performed with any chance of success, then the alternative is either continued expectancy or amputation.

7. That it is a great mistake to imagine that all softened bone or infiltrated tissue should be cleared away by the operator. All he has got to do is to clear a space where the operations of nature, in dealing with diseased or disabled tissues, can be carried out as easily and expeditiously as possible. The operator should remove all manifestly dead tissue, but the doubtful should be let alone to be dealt with by nature.

Gastrostomy in the Treatment of Œsophageal Cancer.

Dr. F. CHAVASSE thus concludes an article in the *Lancet*, February 20th: The question which we have to consider is the advisability of the surgeon strongly recommending gastrostomy to those of his patients who are better educated and able themselves to grasp the facts of the operation. I would place on one side entirely the cases of fibrous stricture of the œsophagus; in such patients the results of gastrostomy are frequently most gratifying. In cancerous diseases it is otherwise. The *raison d'être* of the operation in such I take to be:

1. To prevent suffering.
2. To prolong life.

To be of any real service, therefore, the stomach should be opened as soon as the diagnosis is complete, and before the vitality of the individual is enfeebled. With our patient in fairly good health, not much pain, and only moderate discomfort, is it just to urge an operative measure that is not altogether free from risk, is certainly painful in more ways than one, and when successful affords no permanent relief and always more or less persistent discomfort? It is true a success may be a source of satisfaction by preventing the acute pangs of starvation becoming dominant, and the painful results consequent upon the formation of a fistula between the œsophagus and trachea. The prolongation of life itself is, after all, only a matter of a few months, and is such an existence desirable? Possibly it is a matter that an intelligent patient ought to decide for himself, after the ungarnished facts have all been placed before him by the surgeon. He may, if supplied with the luxuries of life, elect to bear, aided by the palliatives of the milder forms of treatment, until the unbearable be reached, and then seek relief by other means than those offered by surgery. With those in the humbler walks of life it is perhaps better to operate early, and to maintain and from time to time to utilize the gastric fistula, retaining the cases under one's personal supervision. It appears more humane to adopt this course rather than expose them to the uncertainties of their own rude fare, the surroundings of their questionably comfortable homes, and the want of constant and adequate nursing and professional care.

Incised Wound of the Penis.

Dr. L. W. RAISON, thus writes in *Gaillard's Med. Jour.*, January: In the month of August, 1885, I was called to see a patient who, by an odd circumstance, had almost amputated his penis. The history of the accident, as related by the sufferer, was most peculiar. While in the act of micturating, the penis being semi-erect, a large ant crept up his trousers leg and took a voyage of discovery, by running out on that organ, and instinctively the man struck at it to brush it off, forgetting at the moment that he had open in his hand a large, sharp penknife, with which he had been whittling. The sharp edge of the knife penetrated the dorsum of the penis about an inch back of the corpora glandis, and passed through the corpus cavernosum of the right side of the organ, dividing the urethra in its exit.

He expected in a short time to marry, and was consequently in great anxiety on account of fear of disfigurement from the loss of part of the organ. I encouraged him, however, with the statement that the member would heal kindly, and that no evidence of its injury would be left except a scar. The nearly severed end of the organ was approximated as closely as possible to its original position, a catheter of large size was introduced into the bladder to prevent or counteract the tendency to contraction of the urethra at the point of separation, and several silk sutures were introduced through the skin to keep the parts in close coaptation during the healing process. The patient was then directed to keep the orifice of the catheter closed by the use of a small plug, except when he wished to void his urine.

The instrument, which caused little or no irritation, was worn for a week's time and then dispensed with. The penis healed kindly by first intention, and no stricture of the urethra or other difficulty resulted, the only discoverable disfigurement of the organ being a small cicatrix of about two lines in width, extending partly around its surface.

Notes on a Case of Fæcal Calculi.

Dr. DAVIDSON SCOTT thus writes in the *Therapeutic Gazette*: In November, 1877, I saw a woman—aged 60, lymphatic temperament, married; occupation, house-keeper; native American—in consultation with the family physician. Had been suffering for two years from jaundice. Had suffered previously from attacks of bilious colic, which had, for the past year, become of daily occurrence. She had been large and fat, but was now much emaciated.

No bile entered the alimentary canal. All the fluids of the body were saturated with it; vicarious elimination was taking place through all the emunctories. The under-garments were literally dyed with it. It required no great amount of discrimination to diagnose mechanical obstruction of the common duct of the liver.

As I expected, palpation revealed a distended gall-cyst filled with gall-stones. They could be felt "like marbles in a bag." Further examination revealed a number of hard bodies slightly movable, and doubtless within the transverse colon. *Diagnosis*: "Mechanical obstruction of ductus communis, due possibly to impaction from gall-stones, but more probably to fæcal calculi in that part of

the colon where it is in relation to the common duct of the liver." The hard bodies in the transverse colon I felt assured were fæcal calculi.

The patient was ordered to take, if possible, a pint of olive oil daily, to be continued until it produced free catharsis. The treatment was commenced next day, during which she took one-half pint, and on the second and third day thereafter a pint daily. The oil began passing the bowels (undigested, as I anticipated) on the second day, and on the third several fæcal calculi were evacuated, one of which was described as being as large as a walnut. The oil was continued some days without further result. She made a rapid recovery, in three weeks being able to come to my office in the city,—Oskaloosa, Iowa,—riding twelve miles by rail. At this time nearly all traces of the jaundice had disappeared. When last heard from, within a few months, she was still enjoying good health, having had no return of the disease.

Treatment of Chancroid.

M. MAURICE NOTUA has put forth an article in *L'Union Médicale*, July 18, 1885, treating of the different methods which have been employed for the treatment of simple or non-infecting, non-syphilitic chancre—the chancroid of English and American writers. He divides them into two kinds—one in which only a topical and superficial action is sought to be produced upon the chancroid, and another which aims at its complete destruction from the very base, and its transformation into a simple sore. To the first class belong the applications of aromatic wine, tartrates of iron and potash, glycerin, dilute tincture of iodine, decoctions of oak or of Peruvian bark, chlorine-water, resorcine, oxygenated water, tincture of thuja, guaco, perchloride of iron, sulphate of iron, silicate of potassium, chloral; also of absorbent powders, such as those composed of calomel, bismuth, camphor, oxide of zinc, quinine, or ratanhia. All these agents may produce good results, but they are less efficacious than those which constitute the second class. A soft chancre may be destroyed either by excision, which is scarcely ever an advisable procedure, or by cauterization, the means usually adopted. Formerly the arsenical preparations, Ricord's sulpho-carbolated Vienna paste, acids more or less diluted, etc., were made use of for this purpose. In France at present we employ a solution of nitrate of silver, 1:30, bichloride of zinc, in the form of pate de Canquoin, or a concentrated solution of iodoform—this last having been brought into favor by MM. Besnier and Lailier in 1867—salicylic acid combined either with wheat flour or with powdered gum (one part of salicylic acid to four parts of excipient); pyrogallie acid, 1:5 (Vidal); finally, the thermo-cautery. Quite recently, M. Aubert, at Lyons, has resorted, with success, to the administration of prolonged hot baths, and I have myself effected cures of phagedenic soft chancres by means of very hot cataplasms repeatedly applied. According to M. Aubert, a temperature of 38° C., if maintained long enough, will suffice to modify the chancrous poison and transfer the virulent ulcer into a simple sore. M. Notta believes that the most efficacious method hitherto devised consists in the complete and simultaneous cauterization of all the patients' soft chancres by means of the thermo-cautery, followed by an antiseptic dressing. I refrain from further details on this subject, since the management of chancroid is so admirably treated in the last edition of Bumstead and Taylor.

Differentiation between Chancre and Chancroid.

Dr. T. J. BENNETT thus concludes an article in *Daniel's Texas Med. Jour.* for January:

In conclusion, and by way of summary I present herewith a table giving in contrast the most prominent and reliable symptoms of chancre and chancroid:

CHANCRE.	CHANCROID.
1. Period of incubation 18 to 90 days.	1. A few hours to 3 or 4 days.
2. Appears in form of papule.	2. Appears in form of vesicle or pustule.
3. Cellular infiltration extends laterally, and does not break down.	3. Extends laterally and breaks down by molecular death.
4. Sore, hard and dry.	4. Sore, soft and suppurating.
5. Ulcerative action always passive.	5. Ulcerative action always active.
6. Never spreads.	6. May spread indefinitely.
7. Never inoculable in same person nor in lower animals.	7. Inoculable indefinitely in same persons and in lower animals.
8. Buboës always multiple and seldom suppurate.	8. Seldom more than one, and nearly always suppurate.
9. Cervical and axillary glands always enlarged.	9. Never enlarged.
10. Yields to constitutional treatment only.	10. Yields to local treatment only.
11. Six months to two years' treatment required.	11. Fifteen to twenty days treatment required.

It will be understood that each of the eleven differences enumerated above is subject to slight exception; also it is to be borne in mind that only typical cases of the two diseases are outlined, and that the complications which seem so apparent are to a greater or less extent subjected to the above differentiations, and that, further, to every physician in the diagnosis must come the conviction that it is plainly a case of *no medicine vs. a great deal of medicine*, and as to prognosis *no danger vs. a great deal of danger*.

Laparotomy in Suppurative Peritonitis.

In the *Khirurgitchesky Vestnik*, November, 1885, p. 711, Professor N. STUDENSKY, of Kazan, reports the case of a girl, aged 12, who when first seen on the nineteenth day of enteric fever, presented all the usual symptoms of purulent effusion in the peritoneal cavity. Aspiration (by means of Pontain's apparatus) removed six fluid pounds of pus, but no improvement followed. Four days later, the fluid being reaccumulated, the author made an incision, about two inches long, into the abdominal wall below the navel; more than six fluid pounds of benign odorless pus escaped through the wound. The peritoneal cavity was washed out with a 4 per cent. solution of boroglyceride; a drainage-tube being inserted, the abdominal wound was closed by sutures, and covered with an antiseptic dressing. The latter was changed twice daily for five or six days after the operation, the abdominal cavity being washed with boroglyceride on each occasion. Though no pus was flowing from the wound, fever remained still high, and the patient's state grew worse. The girl complained of pain in the splenic region, where dullness was detected on percussion, but no pus could be obtained on exploratory puncture. A month later, a quantity of offensive pus suddenly appeared under

the dressing. An examination led the author to conclude that the discharge proceeded from the neighborhood of the spleen, where a sacculated abscess had probably existed at the time of laparotomy. The patient's temperature immediately sank to the normal level, but three days later a sharp attack of abdominal erysipelas with high fever occurred, which still further weakened the unlucky girl, and delayed her recovery. She got up only three and a-half months after the operation. At present, however (about nine months after laparotomy), she enjoys good health, having spent several months in the country. Pointing to similar successful cases of Hodges, Treves, Mikulicz, Lawson Tait, Anton Schmidt (*Vratch*, Nos. 51 and 52, 1881) and his own, Professor Studensky expresses his belief in a brilliant future for the treatment of purulent peritonitis by abdominal section with free drainage.

Broken Neck.

Mr. FRANCIS brought before the Cambridge Medical Society, Dec. 4, a somewhat unusual case of broken neck. The patient, aged fifty, was admitted into Addenbrook's Hospital on October 8, 1885. He had fallen backwards off a ladder, a distance of twenty feet, striking the upper and back part of his head against the plank. He was unconscious for a few minutes, and on recovering his senses was found to have lost the use of his limbs. He lay in bed with his head thrown slightly back and fixed by muscular effort in the middle line, rotation causing pain. He had perfect control over his sphincters, and his pupils were equal. Paralysis was complete in both upper limbs and the left lower limb, and there was slight loss of sensation. Examination of the spine revealed no evidence of displacement, nor was there any pain in the cervical region, but he complained of pain about the third and fourth dorsal spines. Pulse 80; temperature 97°. Urine acid; no albumen. For a month he made steady progress, had regained much power in his limbs, and the anæsthesia had disappeared. His head still remained fixed, and he was much troubled with constipation. On November 4th, there was a sudden change for the worse; the temperature was considerably raised, and suppuration manifested itself; profuse acid sweats, and acute migratory pains and tenderness in the joints succeeded, and finally effusion took place into the right knee-joint. He became delirious at night, and suffered from constant pain at the back of the neck. The paralytic symptoms returned, and in four days paralysis was complete, and he lost control over his sphincters; bed-sores rapidly developed, and he died thirty-seven days after the accident. At the necropsy small collections of pus were found between the muscles of the neck. The posterior part of the ring of the atlas was broken off and was freely movable; the line of fracture on both sides passed just behind the groove on the vertebral artery. The axis was also fractured, but the fragments were not movable on one another, the line of fracture passing through the posterior part of the atlanto-axial articular surfaces, between the pedicles and the body of the vertebra, the arch being separated from the body. There was no displacement, and no sign of repair. There was no evidence of hæmorrhage or pus within the meninges, and no signs of pressure on the cord or injury to the medulla. The heart and lungs were natural.

The Treatment of Painful Fissure of the Anus, Without Operation.

Dr. A. D. MACGREGOR thus writes in the *Brit. Med. Jour.*, February 29: I have hitherto treated these fissures without any operative interference at all, and with such success as to warrant a continuance of the method. The following case will illustrate it:

J. T., a coachman, aged 56, had, for eighteen months, suffered such agonizing pain during defæcation, that an enforced habit of constipation was established. From time to time, he relieved his bowels by enemata, first taking a large dose of laudanum to alleviate his sufferings. On examination with a speculum, I found a fissure, nearly an inch in length, with irregular edges and an indurated base. The sphincter was much hypertrophied, and contracted powerfully and spasmodically during the examination.

I ordered a full dose of castor-oil, with some rhubarb for its secondary astringent action, forbidding the customary laudanum. When this had operated, I had the bowel well washed out with an enema containing Condyl's fluid. This done, I passed the speculum, and painted the fissure with a solution of chloride of zinc (twenty grains to one ounce); then introduced a piece of lint, smeared with boric ointment, the contraction of the sphincter keeping it in contact with the sore. The bowels were kept in check by pilula plumbi et opii. Liquid food only was allowed.

The subsequent treatment consisted in the use of a powder (powdered boric acid, half a drachm; violet powder, one ounce), which was sprinkled freely on lint, and introduced into the anus to dry up any discharge, and the continued use of the boric ointment.

By these means the fissure was entirely healed in six days, and there has been no return of the symptoms.

I have always found one application of chloride of zinc enough; it usually causes some smarting and uneasiness, but nothing more effectively purifies the ulcer, or stimulates the reparative process. The introduction of cocaine robs the operative procedure of one drawback—the necessity of taking an anæsthetic; yet, I may recommend a trial of this treatment, at least in the case of those who have an innate horror of anything approaching “cutting.”

The Treatment of Gonorrhœa.

Dr. F. P. ATKINSON, thus writes in the *Practitioner*: Though the treatment of gonorrhœa has unquestionably undergone a great change for the better during the last few years (as shown by the less frequent occurrence of stricture, orchitis, bubo, &c.), it is by no means certain we have arrived at the best method of dealing with it. In the incubative stage, injections of nitrate of silver have been for the most part abandoned, and it is now pretty well agreed that the more mild and soothing the treatment is, at this as well as during the acute period, the more likely is it to bring the case to a satisfactory termination. If any injection is used at all, it should consist simply of warm water or a very weak solution of permanganate of potassium or boric acid. Mr. Watson Cheyne has of late been employing bougies of eucalyptus and iodoform, injections of sulpho-carbolate of zinc (gr. ij to the ounce of water) and copaiba internally, apparently with good

effect, though I cannot help thinking this form of treatment is more suitable to the third stage of the disorder. Effervescing citrate of potassium administered internally is of great use in lessening the general febrile condition, the pain in passing water, and also the tendency to orchitis and bubo. The patient should take a light nourishing diet, such as milk, barley-water, soup, broth, and light puddings, with bread-and-butter, toast, and biscuits. All stimulating alcoholic drinks, condiments, and coffee, should be avoided.

In the third stage, when the sense of scalding has passed away, I generally order some copaiba, or oil of sandal-wood capsules, or Cleret's copahine mège sweetmeats. If the discharge is not lessened by this treatment, then injections of sulphate of zinc (gr. iij), sulpho-carbolate of zinc (gr. ij), or permanganate of potassium (gr. j) to the ounce of water, or Watson Cheyne's bougies, will often prove of great benefit. If, however, these do not seem to effect the desired purpose, then the best thing is to inject into the membranous portion of the urethra (which will generally be found to be painful when reached) a solution of nitrate of silver (containing from two to five grains to the ounce) by means of Erichsen's liquid caustic catheter. Two or three drops only are injected by this means, but this quantity is quite sufficient to stop the discharge, and it rarely, if ever, requires to be repeated more than two or three times, at intervals of from five to seven days. Some persistent cases of gleet have come under my care which have readily yielded to this treatment, and I feel certain that ordinary injections do not reach the real seat of the mischief.

Two Cases of Varicocele in which the Veins were Ligatured by Kangaroo-tail Tendon: Remarks.

Mr. TURNER reports this case in the *Lancet*: A. B——, aged thirty, a sailor, was admitted in June, 1884, with a considerable varicocele on the left side. He complained of much testicular pain, amounting almost to neuralgia, and had been twice operated on before at other hospitals; on one occasion the veins had been subcutaneously divided between two hare-lip pins, in the manner advocated for varix by Mr. Henry Lee, and on another, a twisted silver wire had been applied round them. He was given ether, and an incision was made over the upper part of the scrotum, exposing the cord. The vas deferens having been separated from the other constituents, an aneurism needle was passed round the dilated veins and threaded with a kangaroo-tail tendon. The latter was then tied tightly round the veins in a double knot, cut off short, and the wound united with silver sutures. He did very well, and except for a little œdema of the scrotum, he made a rapid recovery. He was admitted about six months afterwards for another cause, and was then free from testicular pain, and there was no return of the varicocele.

The second case—also a sailor—requires no lengthy description. The patient had, however, not been operated on before. The veins were tied with kangaroo-tail tendon, as in the first case, and the wound united almost by first intention. The varicocele was cured—at any rate, for the time,—but he has not reported himself since. In both cases antiseptic precautions were employed.

Remarks by Mr. Turner.—The above method of treating varicocele I first saw practiced by Mr. Holmes. It has the advantage of simplicity; the wound can be closed and may unite at once; the operator can see exactly what he is doing; the

vas deferens and the attendant spermatic artery run no risk; and it is easy not to include the whole mass of veins, and consequently, the testis is in no danger of eloughing.

Phosphorus Necrosis of the Jaws.

Dr. J. EWING MEARS thus concludes a paper in the *Med. Times*, January 9th :

1. That the disease is a local expression of the constitutional condition produced by the inhalation of the vapor of phosphorus, and by particles of the agent taken into the system with food by operatives in match-factories who do not give proper attention to cleanliness of the hands.

2. That the introduction of the agent into the system is, as a rule, very gradual, and in such small quantities as to avoid the production of symptoms of acute poisoning; that in this way the chronic toxic condition of the system is induced, characterized chiefly by disintegration of the red blood-corpuscles and fatty degeneration of the arterial coats.

3. That the toxic condition precedes the jaw-disease, as is shown by the fact that the disease does not attack operatives recently exposed to the action of the agent, but those who have been exposed for a period of years.

4. That examination of the teeth of operatives has shown that many who have caries, and have returned to work immediately after the extraction of teeth, have enjoyed immunity from the disease, showing that the agent had not attacked the periosteal tissue thus exposed. This was further shown by the fact that in one of the cases necrosis did not appear until three months after labor in the factory had ceased.

5. That individuals vary in their susceptibility to the action of the poison. For this reason many suffer immediately with acute symptoms, such as nausea, vomiting, etc., and are compelled to abandon work in the factories.

6. That the conditions under which experiments have been made on animals, to prove the absence of the disease until exposure of the periosteum and perialveolar tissue was effected, are not similar to those to which operatives in match-factories are subjected.

7. That treatment of the disease in the primary stage is efficient, and prevents its progress.

8. That the antidotal powers of turpentine have been established.

9. That the disease is to be prevented among operatives by the adoption of thorough methods of ventilation, stringent rules with regard to cleanliness, and the free disengagement of the vapor of turpentine in all the apartments of factories in which the fumes of phosphorus escape.

Late Manifestation of Tertiary Syphilis, Unpreceded by Symptoms of Constitutional Syphilis.

Dr. H. BLANC thus writes in the *Brit. Med. Jour.*, February 27th: The two following cases will illustrate the fact that tertiary symptoms of syphilis may declare themselves many years after the primary infection, no symptoms whatsoever of constitutional syphilis having shown themselves during a long, active, and healthy life.

Case I. In the spring of 1880, I was called in consultation to give an opinion regarding an ulcerated condition of the tongue. The disease was considered epi-

chelial, and the removal of the tongue was proposed. Mr. X., a professional gentleman, residing in Bombay, aged 50, the father of several children, (the youngest a baby), all healthy, and himself in good general health, presented the following condition: On the dorsum of the tongue, and to the left of the median raphe, there existed a deep greyish ulcer, having all the appearances of a suppurated gumma; two smaller ulcers, similar in character, were situated on the same side of the tongue, also close to the raphe, but nearer the base of the organ. There had been no hemorrhage; the discharge was scanty, the breath slightly foetid; pain was experienced during mastication, and talking was difficult; the submaxillary glands somewhat enlarged, hard, and movable; the soft palate, tonsils, and pharynx were slightly congested, otherwise healthy. As far as could be ascertained, the patient had never previously suffered from secondary or tertiary symptoms of syphilis.

Under the influence of a mercurial treatment, and the local application of iodoform, the ulcers of the tongue gradually healed, and ultimately a complete and permanent cure was obtained.

CASE II.—In January, 1880, Mary B. was admitted into the clinical ward of the Jamsetjee Jejeebhoy Hospital, Bombay, suffering from a tumor situated in the left parotid region.

Mary B., aged 66, had spent forty-three years in India, and during that period, beyond occasional attacks of ague, she had enjoyed good health. She had been a widow for many years, and resided with her son, a healthy man aged about 40. About two months previously to admission, she first noticed a small hard circumscribed swelling, just below the lobe of the left ear. The growth increased rapidly in size, both downwards and laterally. On admission, the left parotid region was the seat of an irregular extremely hard tumor, superficially movable, and measuring about three inches and a half in diameter; at night, it was the seat of a severe lancinating and burning pain, whilst during the daytime the pain almost disappeared. There was no fever, but the appetite was impaired, and she felt low and depressed, owing to sleepless nights. She had suffered from a "discharge" in her early married life, which had left her without treatment. She had no remembrance of having ever suffered from eruptions on the skin or elsewhere.

The age of the patient, the seat and rapid growth of the tumor, all seemed to indicate its malignant nature; yet the peculiar nocturnal character of the pain led me to try the effects of a specific treatment. Frictions with oleate of mercury were made over the tumor, and iodide of potassium was administered internally. After a few days, the night pains decreased, soon to cease entirely. The treatment was persisted in, and, a couple of months later, the tumor had entirely disappeared.

QUARTERLY COMPENDIUM
OF
MEDICAL SCIENCE:
A
SYNOPSIS

OF
THE AMERICAN AND FOREIGN LITERATURE OF MEDICINE,
SURGERY AND COLLATERAL SCIENCES.

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I. ANATOMY, PHYSIOLOGY AND PATHOLOGY.

Abnormality of the Placenta.

To the New York Pathological Society Dr. H. J. BOLDT presented a placenta which showed an abnormality that he had been unable to find reported. There was a peculiar corrugation of the fetal surface, leaving it 11 cc. in diameter, while the maternal surface was 15 cc. in diameter. The fetal side showed an unusual vascularity and a number of small cysts. On the margin of the fetal surface there was a hard rim, from which the three layers of membrane sprang, and in the middle portion of it there was also a layer of apparently fibrous tissue, which encircled that side of the organ. The cord exhibited the same varicosity seen upon the placenta, and a fold of the amnion had been thrown off and become attached to the cord at a point situated at a considerable distance from the placenta. The labor was normal, and the pregnancy one which followed immediately on recovery from an attack of septicæmia. The specimen was referred to the Committee on Microscopy.

Cancer of Cardiac Orifice.

Before the Cincinnati Medical Society, Dr. WILLIAM CARSON presented a specimen of cancer of cardiac end of stomach, which he considered to be rather remarkable on account of the comparatively few symptoms which attended the high degree of obstruction. The patient died a day or two after his going on service at the Cincinnati Hospital, and he had not had an opportunity to make a thorough physical examination himself. The clinical notes, however, showed a history of chronic alcoholism, with pain in the epigastrium for several months and irregular vomiting. No marked obstruction to deglutition existed. The patient suddenly died with symptoms of collapse, and the post-mortem revealed the condition of the cardiac end of the stomach constricted by the malignant growth, so that the probe only could be passed through the cardiac orifice. The stomach and a portion of the intestinal tract were filled with clots of blood; the man had evidently died of hemorrhage.

Retention of Urine Caused by Pressure of Uterine Fibroids.

Before the New York Pathological Society, Dr. C. C. LEE presented specimens from the body of a woman, aged thirty-seven years, who entered his service at the Woman's Hospital on the 16th of March last, with a history that she had been ill for two months, her chief symptoms being partial retention of urine, painful micturition, œdema of the lower extremities, and slight shortness of breath. She was found to be at about the third month of pregnancy; the bladder reached above the umbilicus. After the urine had been withdrawn (eighty or

ninety ounces), he could distinguish three uterine fibroids, one of which, during its rapid growth, must have pressed the lower third of the bladder against the pubes, thus giving rise to retention of urine. The uterus was firmly retroverted, and the cervix was high, which would have rendered the induction of labor difficult if not impossible. The urine was albuminous, and contained some pus and hyaline casts. The patient contracted pneumonia, from which she died a month after admission to the hospital. The autopsy confirmed the diagnosis. There was also pyonephrosis, evidently of rapid development, and the ureters were dilated and slightly inflamed.

The Function of the Spleen.

The relations of the spleen to the animal economy, is a subject which has often excited the attention alike of physiologists and of clinical observers, but even now it must be admitted that we are still at a loss for a precise explanation of its actual functions and importance. The idea that it may act mainly as a reservoir for the blood, in the intervals when the stomach is in a state of inactivity, ready at the least call from that organ to pour in a supply to meet its wants, is not new, although it is revived in a thoughtful letter on the subject contributed by a correspondent to a recent number of the *Boston Medical and Surgical Journal*. In this communication the author regards it as a reasonable supposition, in view of the fact that the spleen may be wholly removed from an animal without any obvious changes in the economy taking place, that its office is solely mechanical, though of great importance, being that of a regulator of blood supply to the stomach. It seems obvious that such a regulation is necessary to an organ subject to such various conditions—at one time the receptacle of hot drinks, imbibed at a temperature little below scalding; and, again, of large draughts of ice-cold water, etc. In the absence of some such balancing medium as is afforded by the spleen under these circumstances, it is evident that conditions of serious congestion and depletion of the stomach must ensue, with an attendant train of evils which can readily be estimated. The facts known respecting the increase of the spleen during and after digestion, and its rhythmical powers of contraction as demonstrated by modern experiments, lend support to a theory which is wholly in keeping with the most reliable observations; and in the absence of any decided information respecting its influence as a hæmatopoietic agent, such an explanation of its function may not improperly be tentatively accepted.

Septic Aortitis.

At the meeting of the Pathological Society of London, on April 6, 1886, Dr. F. CHARLEWOOD TURNER showed three specimens of septic aortitis, and a microscopic section from a fourth case. The first specimen showed the aorta extensively ulcerated, with undermining of the endarterium. This was obtained from a female, aged 62, who had aortic incompetence, with hypertrophy and dilatation of the left ventricle, and granular kidney. Microscopic section from one of the ulcers showed masses of micrococci in the deepest layer of the endarterium, at the base of the ulcer. The second specimen showed massive fibrinous coagula in the arch of the aorta; this was from a case of burn, fatal on the twenty-fifth day, from suppuration and pyrexia. The third specimen was from a man who

died of secondary hæmorrhage, from a wound of the left internal mammary artery. A fibrinous mass was found adherent to the aorta near the valves, with smaller fibrinous deposit on atheromatous elevations. A fourth case was mentioned, in which a similar lesion was found in a patient who died on the second day after primary amputation of the thigh. A microscopic section showed masses of leucocytes about the vasa vasis in the outer and middle coats, great swelling of the intima with corpuscular infiltration and exudation in the most superficial layer, and cloudy granular fibrin on the surface. The arterial lesion in all the cases was referred to the combined effect of structural disease and septic contamination of the blood, weakening the resistance of the tissues, and giving a grave character to the lesion. The difference in anatomical character between the lesion in the first case and in the other, was attributed to the predominance of the former factor in the one case, and of the latter factor in the other. The vascular lesion in this specimen was regarded as indicating the starting of similar lesions of the pulmonary artery or venous trunks, and of thrombotic lesions of smaller vessels, associated with severe endocarditis.

The Sugar-forming Function of the Liver.

In response to Hofmeister's recent adverse criticism (*Archiv f. exp. Path. und Pharm.*, xix) of the view that sugar was formed in the liver out of peptone, PROF. SEEGEN, of Vienna, gives the details of some experiments in which he found that the quantity of nitrogen yielded from 100 cc. of fresh arterial blood mixed with fresh liver tissue, and treated with a current of air for some hours, was greater when a small quantity of peptone had been added. The quantities of nitrogen in six experiments were:

<i>Without peptone.</i>	<i>With peptone.</i>
0.113	0.800
0.050	0.105
0.048	0.092
0.114	0.252
0.140	0.216
0.070	0.159

The peptone and other proteids having been completely removed before the nitrogen was estimated, it must have come from the products of decomposition of nitrogenous materials, and it appeared doubtless to him that in the presence of arterialized blood, the liver cells split peptone into sugar and some crystalline nitrogenous product, and he believes that at least in the case of carnivorous animals, one of the chief duties of the peptone is to form sugar.

In a second paper Prof. Seegen gives three experiments on dogs, by which he attempted to settle finally the vexed question whether a diet of cane sugar causes sugar to appear in the urine. He found both cane and inverted sugar in the urine in all three experiments.

In a third paper he brings forward elaborate arguments to prove that the production of sugar in the liver is not—in contradistinction to the production of glycogen—interrupted by inanition, or increased by abundant carbohydrate ingesta, but is an independent and unintermittent function of the tissue changes.

“On the Influence on the Motion of the Intestines of the Various Constituents of Fæces.”

With a view of elucidating this question, PROF. BOKAI (*Pester Med. Chir. Presse*), injected 1 ccm. of a warm solution of certain acids, or, in other words, 1 centigramme of each acid, into various parts of the intestines of rabbits, with the following results: (1) Lactic acid caused a very slight peristalsis for three or four minutes. (2) Succinic acid caused more movement, especially of the jejunum and rectum, the cæcum and colon being less affected. Slight tonic contraction and anæmia of the parts were also observed. (3) Valerianic and butyric acids caused marked and persistent hyperæmia, and movement in the jejunum and rectum. (4) Formic acid caused peristalsis, with dilatation of the vessels. (5) Propionic acid dilated the vessels, and caused vigorous movements, which did not last long on account of the spasm set up. (6) Acetic acid quickly caused a vigorous contraction of the ileum, but the rectum only responded to a larger quantity, viz.: 10 centigrammes. The vessels were first contracted and then dilated. (7) Caproic and caprylic acids acted the most vigorously of all, and in a few seconds caused tonic contractions with extreme hyperæmia. They had the most influence on the colon.

The acids are arranged in order according to their influence on the muscles of the intestine. Lactic acid has no influence on the vessels; acetic and succinic acids cause them to contract; while the rest cause them to dilate. The acids have most influence on the jejunum and rectum; less on the ileum, and least of all on the colon.

Injection of a larger quantity of these acids was followed by vomiting and diarrhœa. In large doses they cause catarrh and inflammation of the intestinal canal. Hence the conclusion that these acids in normal digestion act as the stimuli of peristalsis, and when developed in larger quantity, they produce a more vigorous action and ultimately diarrhœa.

Nerve-supply of the Short Muscles of the Thumb.

Before the Academy of Medicine in Ireland, Dr. BROOKS read a paper on “Varieties in the Nerve-supply of the Short Muscles of the Thumb.” He made a preliminary statement, in which he said that his object was to show that, in a large proportion of cases, the outer head of the flexor brevis pollicis received a nerve-supply from the deep branch of the ulnar nerve; whereas, in all the English text-books, the outer head was described as being supplied by the median only. Also in Henle’s “*Nervenlehre*” (1879), Gegenbaur’s “*Anatomie*” (1883), and in the section of Krause’s “*Handbuch*” (1880), which is devoted to nerve anomalies, this arrangement was not mentioned.

Dr. Brooks then alluded to the different ways in which various authors had described the thumb-muscles, and quoted the description in the last edition of Quain’s “*Anatomy*,” in which the outer or radial head of flexor brevis is shown to consist of two parts—a larger superficial portion and a fasciculus springing from the deep origin of the muscle. He had invariably found that when one of these portions received a supply from the ulnar, the nerve also extended to the other.

Dr. Brooks then said that last session, finding a case of the flexor brevis (outer head), supplied by the ulnar nerve, and believing it to be very rare, he had shown it to Professor Cunningham; he found that the Professor had notes of a similar case, and also of a case in which the median gave branches to both heads. This session he had determined to take statistical notes, with the following results:

Both heads supplied by ulnar alone—5 cases.

Median supplying outer head and giving twigs to inner, the latter also supplied by ulnar—2 cases.

Outer head supplied by both median and ulnar—5 cases.

Outer by median, inner head by ulnar (the so-called normal arrangement)—4 cases.

Thus in 10 cases the outer head received a supply from the deep branch of the ulnar, while in 6 it was supplied by the median alone.

Dr. Brooks was inclined to think that when more extended observations were made, the most frequent arrangement will be found to be:

Inner head—ulnar only.

Outer head—ulnar and median.

Ulcerative Endocarditis Limited to the Right Side of the Heart.

Before the Academy of Medicine in Ireland, Dr. WALTER SMITH exhibited the viscera of a man, æt. 44. He had served in India for thirteen years, and enjoyed good health, except for several attacks of ague the last two years previously. He was temperate. December 23, 1885, he was seized with rigors, attended with cough, dyspnœa, loss of appetite, and disturbed sleep. He was admitted into Sir Patrick Duane's Hospital, on December 29th, in a drowsy, apathetic condition, and presented the physical signs of pneumonia of the left lung. T. 103.2°; P. 100. Urine contained a little albumen, was rich in urobilin, and deficient in chlorides at first. Heart's sounds normal. Convalescence from the acute attack apparently set in on the ninth day, but four days later the temperature rose to 104.6°, and evidence of a fresh pneumonic attack in the left lung was found. Then a few days subsequently pleuro-pneumonia of the right side declared itself, with abundant, tenacious, rusty sputum. Diarrhœa afterwards set in; he became extremely weak, and died quietly on February 20th. Eleven days prior to death a systolic blowing murmur developed towards the apex of the heart and persisted, and the existence of an ulcerative endocarditis was conjectured.

Post-mortem Examination.—Liver, 71 ozs.; nutmeggy spleen, 15 ozs., almost diffuent; several red infarcts along thin edge; section speckled with numerous red and dark spots; kidneys pale, full size and apparently healthy; several pints of fluid in right pleura; right lung, 38 ozs.; left lung, 24 ozs.; left pulmonary artery, at its bifurcation, blocked by a large yellow clot, intimately adherent to the wall of the vessel; numerous firm thrombi in the smaller branches of the pulmonary artery in each lung; several lumpy patches of consolidation in each lung, and one or two sharply defined infarcts; no trace of pericarditis; heart, 13 ozs., left chambers healthy; aorta and pulmonary valves competent and normal in appearance; tricuspid valve extensively diseased—it was covered with enormous (1½ inch) cauliflower excrescences and vegetations, some hanging by a narrow

pedicle close to the free edge of the valve; close to one curtain of the valve was a ragged cavity in the heart muscle, about $\frac{1}{2}$ inch in length; surface rough and uneven; a patch of granular exudation upon the endocardium of right ventricle; no disease of pulmonary artery; a number of small firm thrombi were entangled in the recesses of the muscoli pertinati of right ventricle. The case was obscure in its origin and clinical course, and the limitation of endocarditis to the right side of the heart is noteworthy.

Nerve Terminations in the Pepsin Glands of the Stomach:

Fragments of the stomach, taken from a fasting dog, and treated by bichromate of ammonia in five per cent. solution, show the parietal cells containing, besides the nucleus, from one to five homogeneous granules stained of a yellow color. LANGLEY has described these as pepsinogenous bodies, but Navalishin (*Archives Slaves de Biologie*, No. 1, 1886,) regards them as the terminal organs of the nerve-fibres. In a section of the mucous membrane treated by bichromate of ammonia, and then by chloride of gold, he has seen a filament passing from a nerve-branch enter the capsule of the gland, penetrate a parietal cell, and terminate in one of these granules in its interior.

Histological Changes of the Skin in Scarlatina.

In the *Meditz. Obozr.*, Fasc. xiv., 1885, p. 102, Dr. L. B. MANDELSTAMM, of Kazan, writes that he has microscopically examined numerous specimens of the skin taken from eight bodies of children who died in the course of scarlatina from collapse, intercurrent diphtheritis, nephritis, etc. The results obtained may be summarized thus: 1. In scarlatina, the skin undergoes important and deeply penetrating morbid changes (while Thomas and Bohn found only superficial cutaneous lesions). 2. The pathological process is of an inflammatory nature, the inflammation affecting both the horny layer and the true cutis. It manifests itself by considerable hyperæmia, œdema, and swelling of the connective tissue, as well as by infiltration of the skin with lymphoid elements. 3. The sweat-glands also undergo considerable alterations, their proper membrane being thickened, the epithelium of their ducts destroyed, the ducts filled up with homogeneous detritus, and the circumglandular tissue profusely infiltrated with leucocytes. 4. In none of the cases were either Tschamer's *verticillium candelabrum*, or any other micro-organisms, found.

II. PHYSICS, BOTANY, CHEMISTRY AND TOXICOLOGY.

Case of Poisoning with Oil of Amber.

In the *Vierteljahreschrift für Gerichtliche Medizin und Öffentliches Sanitätswesen* (vol. xliii. p. 261) we find the report of a case of intoxication with oil of amber, a remedy which in Eastern Prussia enjoys great popularity as an abortive medium. A woman, thirty years of age, took with suicidal intentions a tablespoonful of the oil of amber, and was soon seized with violent vomiting and diarrhœa, attended by a considerable rise of temperature. She happened to be pregnant, and aborted soon after ingestion of the drug, while the symptoms of a general intoxication grew more and more intense. The general morbid symptoms recalled greatly those of typhoid fever. The woman, however, being of a strong constitution, revived.

Poisoning by Vaseline.

Mr. H. S. ROBINSON states in the *British Medical Journal*, February 13, 1886, that he was summoned to see three children aged from 8 to 14 years, who had each been given about half a teaspoonful of vaseline on sugar the previous evening, as they suffered from sore throats. Soon afterwards, whilst in bed, they were all seized with pain in the knees and cramps in the lower extremities, together with severe vomiting, which continued for eight or nine hours. On visiting them the next morning the severity of the symptoms had passed off, although the eldest child was still inclined to vomit, and was in a somewhat collapsed state. There were no febrile symptoms, and they all quickly recovered their usual health. No other cause for these symptoms than the administration of vaseline could be discovered.

On the Toxic Nature of Ivy.

Dr. AL. JANDOUIS having learned of several fatal accidents produced in children by the eating of berries of *hedera helix*, the ordinary ivy, examined this plant, and records his results in the *Deutsche Medizinische Wochenschrift* of February 8, 1886. Pliny long ago spoke of its toxic nature, and Matthiolus praised its emmenagogue virtues.

The berries were found to contain sixty per cent. of pulp and forty per cent. of semen. The former consists of a dark red pigment colored green by ammonia and hydrochloric acid, of grape-sugar, gum, and a resin, which constitutes an amorphous green-yellowish powder, having at first a sweetish, then a sharp, pungent taste; there exist also albumen, fibrin, water, and mineral matters in the

pulp. The semen consists of a fatty oil, albuminous matters, and a peculiar substance of an acrid and astringent taste, almost insoluble in water, mineral matters, and water. Of all these constituents the resin in the pulp and the astringent substance of the seed can alone be regarded as poisonous elements, and to their combined action the toxic character of ivy is to be attributed.

A New Source of Cerium and Other Rare Metals.

The *Pharmaceutical Record* says: Among the rarer metals which are associated with cerium, are beryllium, didymium, yttrium and lanthanum. Recently Dr. STROHECKER, of Frankfort, in examining a clay found near the city of Hainstadt, has found notable quantities of all of these metals. There appear to be two distinct layers of the clay, and the analyses of these show the following percentages:

BeO, 6.440 : 5.383; Ce(OH)₆, 13.421 : 9.401; DiO.—: 0.847; LaO, 0.858 : 2.654; YO.—: 1.695.

As the houses are built of brick made of this clay, it is intimated that a few old houses destroyed, and their brick worked up, would make a material reduction in the market price of one or more of these metals.

Carbolic Acid Poisoning.

Before the Sheffield Medico-Chirurgical Society, Mr. W. D. JAMES related the notes of this case. The subject was a man, aged 35. On the evening of November 19th, he took a dose of carbolic acid instead of a mixture he was taking at the time. He does not appear to have swallowed any. Lips blistered, buccal and pharyngeal membranes looked coated with milk, pupils dilated, pulse uncountable—this condition partly attributed to fear. Swallowing induced intense pain. Administered oil, eggs and milk; poultice ordered to the throat, and ice to be sucked. Next day, no sleep, pain worse. On the 21st, the area of pain had extended all over the chest, voice hoarse, and laryngeal pain with each breath. Harsh, dry respiration in larger bronchi. Temperature 102.3. At night pain intolerable, voice almost entirely gone. He was ordered 1-16th grain of hydrochlorate of cocaine in water, ordered every three hours; the ice and poultice continued next day, patient up, nearly free from pain, temperature normal, voice returning. On the 24th, medical attendance ceased. Patient said he experienced relief from each dose of the mixture.

The New Element, Germanium.

The *Chemiker Zeitung* gives further particulars concerning the mineral *argyrodite*, which has been discovered in the Himmelsfuerst mine, Saxony. It has been examined chemically by Dr. CL. WINKLER, whose analysis shows 73 to 75 per cent. of silver, 17 to 18 of sulphur, 0.21 of mercury, small quantities of iron, and traces of arsenic. Repeated analysis showed a constant loss of 6 to 7 per cent., for which the ordinary process of examination failed to account. As the result of careful research, Winkler found that the mineral contains a new element, *germanium*, similar to, but distinct from, antimony. When the mineral is heated in a current of hydrogen, a black crystalline residue is obtained, which consists

chiefly of sulphide of germanium, which is a sulpho-acid; fused it is reddish brown, but is snow-white when pure, and is soluble in ammonia. Heated in the air, or in nitric acid, the sulphide is converted into a white oxide, non-volatile when heated to redness, soluble in potash solution, and precipitated as a white sulphide from acid solution by hydric sulphide.

From the oxide or sulphide the element is isolated by reduction in a current of hydrogen; so obtained it is gray in color, like arsenic, but volatilizes with great difficulty at a bright red heat, and the sublimate condenses in small crystals resembling thin iodine; the crystals are quite insoluble, and otherwise are distinct from antimony. Heated in an atmosphere of chlorine, germanium or its chloride forms a white chloride, which is readily sublimed, and is much more volatile than antimony chloride. This is precipitated white by hydric sulphide from acidulous aqueous solution.

The atomic weight of germanium will reveal whether it fills or not the blank existing between antimony and bismuth in the periodic system.

Poisoning From the External Application of Aconite.

Dr. HERMAN GASSER, of Platteville, Wis., writes to the *Medical Record* (February 17, 1886), that he was called to see a druggist who was suffering from rheumatism in the feet. The patient had been employing tincture of aconite as an external application, and had used up an ounce in this way in three days. As he was no better, Dr. Gasser ordered the discontinuance of the aconite, and gave him salicylate of sodium and colchicum internally. On the following morning he was much better, and took a hot foot-bath, keeping his feet immersed (without rubbing) for about half an hour. At the end of this time he began to feel so "very peculiar" that the writer was sent for. He found him sitting in a chair, and complaining of tingling sensations starting from the hands and feet and extending over the entire body, and of nausea. The pulse was weak and slow, and the skin was cool and moist. As he was growing worse and was vomiting frothy mucus, he was put to bed, and hot-water bottles were applied to his body. Although he had taken no aconite internally, the symptoms were unmistakably those of aconite-poisoning, and Dr. Gasser was about to give him a hypodermic injection of brandy and digitalis over the heart, when he was taken with a spasm, made a few jerking efforts at respiration, and then seemingly died of syncope. The heart had apparently ceased to beat, and pulsations could be detected neither by the writer nor by Dr. Buck, who was present. Although without hope of restoring the patient, the hypodermic injection was nevertheless given, partly for the reason that it was prepared. In about a minute he began to gasp for air and the heart could be felt to beat. The injection was then repeated, hot wet cloths were laid over the heart, and an enema of brandy and digitalis was given by the bowel. Reaction was soon fully restored, the pulse and respiration became strong, and the skin warm, red, and covered with perspiration. This was followed by spasms, which were controlled by morphine and ether, and the patient then passed into a restless sleep, from which he awoke conscious, but dull. The following morning, though feeling rather stupid, he arose and ate breakfast with his family. Dr. Gasser offers the following explanation of the occurrence of poisoning:

"Tincture of aconite is a resinous solution in alcohol, and as fast as it was applied to the skin the alcohol evaporated, and the aconite was deposited like a coat of varnish on the skin. (The limbs were bathed with it from the knee down.) The hot-water soaking caused a congestion and softening of the skin, and put it in the best possible condition for absorption."

Poisoning by Benzine.

The *Therapeutic Gazette* says that Dr. A. N. KAZEM-BEK reports the very rare occurrence of a case of fatal poisoning by benzine (*Indian Med. Journal*, January, 1886). The case was that of a retired soldier, an habitual excessive drunkard, who had mistaken benzine for vodka (aqua vitæ), and drank 3 drachms of the fluid. Though sober at the time, the patient did not discover his mistake, since he had absolute loss of smell and taste (as may be seen from the fact of his having taken with relish several glassfuls of an infusion of horse excrements, which his relatives had given him as vodka on several occasions with curative aims in view). In about ten or fifteen minutes the patient lost consciousness. Two hours later the author found him in a comatose state, with reaction less, slightly dilated pupils, insensible cornea, general anæsthesia, trismus, irregular, stertorous breathing, hardly perceptible pulse, coldness of the body, paralysis of all four limbs, great distention of the belly; later on myosis of an extreme degree (as if from opium) appeared. The patient died in a comatose state about seventeen and one-half hours after the ingestion of the poison. The exhalation of benzine by the lungs was so intense as to produce extreme giddiness in the author (after four hours' stay with the patient), and nausea with vomiting in the patient's brother. At the post-mortem examination there were found congestion of the meninges, sinuses, and ependyma of the ventricles; accumulation of serous fluid under the pia mater and in the ventricles; congestion of the pharyngeal laryngeal, and tracheal mucous membranes, and of the lungs; about an ounce of dark fluid in the right cardiac ventricle; chronic catarrhal changes in the mucous membrane of the œsophagus, stomach, and intestines; finally, an odor of benzine in all the organs and cavities of the body. The authority concluded that death was caused by asphyxia. While pointing to the absence of any characteristic lesions, he expresses his belief that the specific odor which permeates the whole body is the single criterion for recognizing a case as that of benzine-poisoning.

Poisoning by Concentrated Lye.

Dr. Jos. Z. Scott, of Kansas, thus writes in the *Med. Age*, May 10: In most houses in this western country, where hard water is the rule instead of the exception, you will find setting in the cupboard or on some table or shelf a can of concentrated lye. The kind most prevalent here is a brand known as Lewis' Lye. There is no mark or anything on the package that would indicate to one unacquainted with it that it is a terrible and most virulent poison, capable of destroying life in a short time, and when it does not do its work speedily it does it at the end of a long, lingering starvation, that, once witnessed, can never be forgotten. I have thought many times that this stuff should be banished from the market. It should at least be placed on the same list with strychnine, arsenic or

corrosive sublimate, and handled with the same precautions, as it is far more disastrous in its effects than any of these substances.

During the year just passed, three cases have come under my notice in which the lye had been accidentally taken into the mouth. In all, I think, fatal lesions of œsophagus and stomach were produced. In one case, a child of two years, a small quantity was drank in shape of solution. The child lived two weeks, taking no nourishment by mouth at all, and died from hemorrhage caused, I think, by perforating ulcer in the stomach. Of the other two, one has a bad stricture of the œsophagus, and the other one is lingering along between life and death with a good prospect for the former.

This last case I have treated as rationally as I could. I have given mucilaginous solutions of as bland and unirritating a nature as possible. Gave also Fowler's solution in minute doses; and also eucalyptus with marked benefit, and oxalate of cerium and bismuth. This case I have hopes will recover, but a prognosis in these cases is impossible on the start; so subtle and undermining is the caustic that you cannot tell whether life or death will be the result. One thing painfully manifest is that not once in ten times is the proper antidote given at the proper time. The proper antidotes are diluted acetic acid (vinegar), soap, oil and opium, and stimulants to counteract systematic depression. Vinegar is a good antidote, and one that is nearly always available. The symptoms are marks of corrosive action, and sloughs of the mucous membranes. Bloody oozing may be seen about the lips, mouth and fauces, and shreds of bloody and sloughing tissues are often vomited.

The inflammation is accompanied by the usual systemic symptoms, great depression of the powers of life, a weak, rapid pulse, shrunken countenance, cold surface, and, when dissolution sets in, coma and insensibility.

In a small proportion of cases the local mischief is not great, but the effects of the poison are expended on the nervous system.

Poisoning by the External Use of Perchloride of Mercury.

In the *Centralbl. für Gynäkologie* (No. 32, 1885), Dr. MÜLLER, of Berne, has described a case of hysterectomy for carcinoma uteri, in which a 1 in 1000 solution of perchloride of mercury had been used for the disinfection of the operator's hands; the sponges had been dipped in a 1 in 2000 solution, which had been diluted with an equal quantity of water for washing the wound. Two days after the operation, the patient was seized with diarrhœa and albuminuria; the stools were mixed with blood, and the quantity of urine passed was very small. Death ensued on the third day, and the *post-mortem* examination revealed the existence of ulcerations in the colon. There was no nephritis. Dr. Müller thinks that a 1 in 1000 solution is sufficient for the hands; for the disinfection of the sponges and of the wound itself, solutions containing 1 part of corrosive sublimate in 4000 to 8000 of water, respectively, ought to be used.

III. MATERIA MEDICA AND THERAPEUTICS.

Homeriana.

A plant called *Homeriana* (*Polygonum aviculare*), which is very common in Russia, and is used popularly as a drug, has been examined by Dr. ROTSCHININ, and reported on in a paper read to the recent congress of Russian doctors. It has been found by Werner to contain a large proportion of alkaloid. A decoction, however, was used by Dr. Rotschinin, a tumblerful being given three times a day. It appeared to be really valuable in several cases of bronchitis, two of which were capillary; also in three cases of whooping-cough. It was tried in phthisis, but no definitely satisfactory results were obtained.

Grindelia Robusta.

The action of *grindelia robusta* has been investigated by L. GRINIVETSKI, his paper on the subject being published in the *Russkaya Meditsina*. He found the liquid extract very useful in emphysematous asthma due to chronic bronchial catarrh, the asthma diminishing after a few doses, and the cough and expectoration likewise becoming less. His prescription was—"R. Inf. rad. senegæ, ʒvi.; ext. grindel. robust., ʒij. to ʒiij.; syrup. glycyrrhizæ, ʒss. A dessertspoonful every two hours till relief is obtained." It was found that the drug was useless in asthma due to other causes.

Physiological Action of Isocicutine.

The *Therapeutic Gazette*, March 15, says: We abstract from the *Comptes Rendus* (vol. c., p. 806) the following points on the action of isocicutine from a paper of Dr. ROCHEFONTAINE: The drug is chemically considered the hexahydride of β -collidine, and isomeric with cicutine. It is prepared synthetically, and is practically an alkaloid. On frogs its action is similar to that of curare; it paralyzes first the spinal cord and medulla oblongata, then it destroys the excitability of the motor nerves and muscles, and ultimately produces cardiac failure. Warm-blooded animals put under the influence of the drug perish under symptoms of general weakness and respiratory paralysis. It remains to be seen whether this drug, which, to judge from the above experiments, possesses a very distinct and powerful physiological action, can be utilized for therapeutic purposes.

Osmate of Potassium.

The *American Druggist* tells us that E. MERCK, of Darmstadt, prepares this salt, as it appears to have advantages over the free osmic acid which, besides being very irritating to the air passages, is also very hygroscopic. Osmate of po-

tassium has the composition $K_2OsO_4 \cdot 2H_2O$. Both the acid and this salt are used for the same purposes. Neuber has employed them with great success hypodermically, in peripheric neuralgia, and Mohr against rheumatic sciatica, the latter using a 1 per cent. aqueous solution. In goitre, subcutaneous injections are recommended by Szumann and Eulenberg, and in sarcoma and leucoma by Delbassille. Recently it has been recommended by Wildermuth for the treatment of epilepsy, with simultaneous administration of bromide of potassium. He gave it internally, in doses of $\frac{1}{4}$ grain, altogether $\frac{1}{2}$ grain per day, in pills made with white bole, and coated, if possible. When too long exhibited, the remedy may produce disturbance of the digestive organs.

A New Method for Anæsthetizing the Uninjured Skin with Cocaine.

Dr. WAGNER, at the meeting of the Society of Physicians at Vienna, held February 5, 1886, described a method by which the uninjured epidermis might be rendered anæsthetic through the application of cocaine. For this purpose he made use of the property of a galvanic current discovered by Dr. Haertner, in consequence of which fluids move from the positive to the negative pole. If the positive electrode is dipped in a cocaine solution, and placed upon the skin, and the negative pole placed a short distance from it, and a current allowed to pass, the skin lying between these two points of application of the electrode becomes anæsthetic. Wagner made a number of experiments to determine the value of this method to surgical practice in the clinic of Prof. Billroth, and found that by the means of this, such anæsthesia as would prevent the appreciation of incisions of the skin was readily attainable.

Antipyrin.

Before the Midland Medical Society, Dr. SAUNDBY exhibited the temperature charts of two cases of pneumonia and two cases of enteric fever created by antipyrin. The temperature had been taken simultaneously in the rectum and axilla, and the result showed that the curves were almost completely parallel. Exceptionally, a slight fall in the axilla was accompanied by no fall or even a slight rise in the rectum, but the general course of the temperature was the same in both places. The observations were made in some cases every hour, in others every two hours. Dr. Saundby referred to a paragraph in the *Lancet*, where Professor Jaccoud was made to assert his disbelief in the utility of antipyrin, on the ground of its heat-reducing effect being solely peripheral, the rectal temperature remaining the same, or even rising, while the axillary temperature fell. He believed these charts disproved that assertion, and were evidence of the powerful antipyretic effects of this drug.

El Kellah.

This plant, the *Ammi visnaga* of botanists, has furnished M. MOUSTAPHA with a ternary compound, kelline, having narcotic properties, and in animals inducing vomiting, with paralysis of the hinder extremities, irregularity of the heart, and slowing of the respiration. The fruit has been used therapeutically in the pro-

portion of 6 to 8 per cent. as a tonic and astringent gargle in cases of stomatitis, dental caries, and gingivitis. In daily doses of 150 grammes, the decoction of the seeds has been employed for rheumatism. An ointment made by triturating the seeds of kellaḥ with oil or fatty substances, serves for frictionizing the joints and articulations. A decoction of from 18 to 20 grammes of the seeds in 160 grammes of water, is said to be efficacious in gravel. Finally, the decoction is stated to be a febrifuge, and the leaves are also employed in the preparation of cataplasms.

Neuralgia Treated by Spray of Methyl Chloride.

Dr. PEYRONNET DE LAFONVIELLE, in his doctoral thesis, entitled *De la Neuralgie du Trijumeau et de son Traitement par les Pulverisations de Chlorure de Methyl* (Neuralgia of the Trigemini, treated by Methyl Chloride Spray), reviews the different methods of treatment. The most successful are slow in curing neuralgia, whereas the analgesic action of methyl chloride is instantaneous. M. Debove was the first who used it. In 1884, he successfully treated sciatica with it; since then several physicians have used it, and M. Abadie finds this method especially efficacious in curing neuralgia of the trigeminal nerves. Dr. Peyronnet mentions several cases successfully treated by Dr. Abadie by methyl chloride spray. According to the author, the experiments of Waller, Schultze, and Ranvier, on the congelation of nerves, prove that no therapeutic agent combats the pain in neuralgia of the trigeminal nerves so efficaciously as methyl chloride. The analgesic effect appears to be the result of the congelation of the peripheral expansions of the branches of the nerve.

Binoxide of Nitrogen in Cholera.

Most persons who have dabbled in electrical science are aware of the unpleasant fumes emanating from batteries containing nitric acid. These, however, are said by a Spanish professor to be an admirable preservative against cholera, it being noticed that none of the workmen employed in the electrotype establishment in Madrid, where they were subjected to the fumes of the oxides of nitrogen, died from cholera during the epidemics of 1834, 1859, and 1865, and that only such of the workmen as were absent frequently from the factory were attacked at all. He has also ascertained that liquids from dead bodies, on being treated with binoxide of nitrogen, soon lose their peculiar smell and remain quite free from micro-organisms. A French naval surgeon also has made use of the binoxide in thirty-five cases of cholera, with very satisfactory results. On the whole, the Professor predicts that this substance will prove a most important general disinfectant, and a valuable means both of preventing and creating cholera.

Agaricus Muscarius.

Mr. R. MODLEN, in the course of an article on *Agaricus muscarius* (fly-agaric)-printed in the *Pharm. Journ. and Trans.*, Feb. 27, '86, states that this plant, which derives its name from its use as a fly poison, is found to vary in color from scarlet, carmine, or orange and greenish yellow, to brown, or even white. It grows chiefly in the woods and under trees, something like the mushroom, the stem being more bulbous below and covered with scales at the base. This dangerous

fungus has often been mistaken for edible species, with serious consequences. Its action on most persons is that of a narcotic, resembling opium in its immediate effects. The natives of Siberia prepare an intoxicating drink by adding infusion of agaric to the fermented juice of a willow plant. The habitual use of the poison completely shatters the nervous system. Although its sale by Russian traders to the natives has been made a penal offence, the trade is said to be carried on in spite of all prohibitions, twenty dollars' worth of furs sometimes being bought with a single fungus. The poisonous principle seems to be removed by boiling.

Lanolin.

Dr. GEORGE HENRY FOX thus concludes an article in the *Jour. Cut. and Ven. Diseases* for June:

"In conclusion, my views respecting lanolin may be summed up in the following statements:

"1. Lanolin is more readily absorbed by the skin than any other fatty substance.

"2. As a basis for ointments, it is useful when an effect upon the deeper skin or upon the whole system is desired.

"3. On account of its firm consistency, it is advisable to mix with it a certain amount of lard, especially in cold weather.

"4. When applied to a highly inflamed skin, lanolin may not prove as bland as fresh lard or pure vaseline.

"5. Considering its recent introduction, its questionable superiority, and its present cost, it cannot be recommended as yet as the best basis for all ointments."

Intra-Venous Injections of Iodine.

From *Nouveaux Remèdes*, Dr. VAN DER HEYDEN, on the assumption that infection of deep closed tissues is due to bacteria, and that these organisms are especially sensitive to the action of iodine, has used the following mixture as an intravenous injection in certain cases:

Iodine	1 part.
Iodide of sodium	2 parts.
Distilled water	7 "
M.	

The amount for one injection is 10 grammes.

The first injection was made in a case of typhoid fever, in which the temperature was very high. It fell immediately, and did not go up again. In two cases of cholera, at the beginning, the injection produced a favorable effect. In another case, in which the algid period was very pronounced, it was of no avail. In three cases of leprosy there was marked amelioration.

On Parthenium Hysterophorus.

The *Therapeutic Gazette* says that Dr. ULRICH publishes a brief note on this plant, a native of Cuba, in the *Deutsche Medicinische Wochenschrift* of February 8, 1886, from which we abstract the salient points. The plant is in its home

called escoba amarga, or confitilla, and has been in use with the natives as a febrifuge since time immemorial. It contains an alkaloid,—parthenine,—and, besides, four other alkaloids, and the non-crystallizable parthenic acid. Parthenine is crystallizable, and represents the active principle of the plant. One and a half grain of this alkaloid brought on the tongue in a watery solution, produces a quickly-disappearing bitter taste and an increased salivation. One-fifth to one grain causes a sensation of warmth in the stomach and an increase of the digestive power. In doses of 3 grains the alkaloid quickens, and in 15-grain doses slows, cardiac action. The arterial pressure and respiratory frequency sink likewise after larger doses. The temperature of a healthy person is not affected by doses below 7 grains; 50 grains given in two doses cause a small reduction of temperature. The urinary secretion remains unaltered under the influence of the drug. Several trials with parthenine go to show that this alkaloid possesses some anti-neuralgic value.

Therapeutics of Burns.

Dr. ALTSCHUL, a surgeon of a large steel factory, having had an excellent opportunity of testing the various therapeutic measures, communicates his experience to the *Monatsh. f. prakt. Dermat.*, No. 1, 1886. All known, or rather recommended, remedies were tried, with the view of securing an ideal healing without suppuration. The aseptic measures were of course found the most and only eligible ones. Iodoform appears to have furnished the most satisfactory results. Only in burns of the first degree dressings with argillaceous earth proved superior to lessen the severity of pain. Iodoform can be said to prevent with certainty suppuration in burns of the second and third degrees. At first Altschul tried the powder dressings; later a ten per. cent. iodoform-gelatin, after the recommendation of Pick. As the latter, however, was found hard to preserve, he followed Unna's advice, and employed an iodoform paste, and in time arrived at the conclusion that the iodoform bolus-paste was the choicest application of all. The formula for this paste is as follows:

R. Boli alb.	3ss.
Olei olivarum	f 3 i.
Liq. plumbi subacetici.	f 3 vi.
Iodoformi, 10-20 per cent. =	3 ii-iv.

Potassium Chloride.

Before the last meeting of the American Medical Association, Dr. A. F. PATTEE, of Boston, read a short contribution on this drug:

Formerly it was generally believed that corresponding salts of potassium and sodium had the same physiological and therapeutical properties, and that it was a matter of indifference which salt was used. Important and well-defined distinctions do exist, however, between the two salts. In the body the potassium chloride is found in the tissues, cells, and blood corpuscles, while the sodium chloride is found almost exclusively in the fluids, the blood-serum, lymph, and bile.

He had used potassium chloride in many cases of anæmia with success, after other remedies had failed. He had found it of benefit, also, in the first stage of

hepatic cirrhosis due to alcoholic excess. Inflammatory exudations with effusion of lymph, particularly pelvic cellulitis, have quickly disappeared under its administration. Glandular enlargements, also, subside. In stomatitis it is equal in efficacy to the chlorate. He had used it, also, in ovarian neuralgia and menstrual headache accompanied by insomnia, and had found it more reliable than the bromides. Combined with corrosive sublimate, it is one of the best remedies for syphilis. The tincture of the chloride of iron is also rendered more effective by the addition of this salt.

In the treatment of cellulitis he had given the remedy in the dose of ten grains every three hours, sometimes more, sometimes less. Regarding its use in epilepsy, he had found it most serviceable in anæmic cases. He had used it in cases in which the bromide of sodium had produced alarming depression. He had never used it in goitre.

The Active Principles of the Various Varieties of Asclepiadæ.

The *Therapeutic Gazette*, March 15th, says: The family of the asclepiadæ contains numberless species, which are all poisonous, and whose specific action appears to be the production of violent vomiting and diarrhœa. The emetic properties appear to be dependent on the presence of emetin, and their preparations may be substituted for ipecacuanha. C. GRAM (*Deutsche Med. Zeitung*, January 25, 1886), has experimented with the glucoside asclepiadin, discovered by Harnack, and has found that when boiled with acids, or when evaporated out of neutral solutions over the water bath, or even when allowed to stand in the open air, it decomposes into sugar, and a substance entirely insoluble in water, brownish yellow in color, and of a resinous character, which he terms asclepiadin. This substance in frogs, after producing vomiting, soon causes total paralysis and death. Asclepiadin in frogs causes motions of vomiting and paralysis, and at first increases and then decreases reflex irritability. In warm-blooded animals asclepiadin produces arrest of respiration, and, as a consequence, irregular action of the heart and convulsions from dyspnœa. If artificial respiration is carried on, the heart becomes more regular, until death is suddenly produced through heart paralysis. These symptoms show a great similitude to those of emetin.

Piperonal.

This is an aldehyde, corresponding to piperonilic acid, obtained as a product in the oxidation of piperina. It occurs in the form of small, white, prismatic scales, possessing a strong odor resembling that of vanilla. A small quantity placed upon the tongue produces a sensation analagous to, but more persistent than, that caused by mint, and it is more irritating to the mucous surfaces than is the latter. It melts at about 125° F., and at a higher temperature volatilizes without leaving any residue. When ignited the flame and smoke resemble the appearance of burning camphor. It is insoluble in cold water, but in hot water it melts, and looks like drops of oil; it dissolves readily in alcohol and ether. Dr. RICCARDO FRIGNANI has made a number of experiments with this substance (*Giornale Internazionale delle Scienze Mediche*, No. 2, 1886), as a result of which he states that it possesses both antipyretic and antiseptic properties. The antipyretic action is not of the most active or energetic kind, yet is sufficient in many

cases. It is best given in fifteen-grain doses, repeated every two hours for three or four times a day, but much larger and more frequent doses are well borne. The most noteworthy disagreeable effects are nausea, eructations, and dryness of the throat. Its antiseptic action, however, the author states, is much more marked, and, since it is innocuous to the system, even when given in doses of one-half to one drachm, he believes that it is deserving of a high rank among drugs of this class.

Effect of Bitters on Digestion.

Dr. CHELTSOFF, chief of Professor Botkin's clinic, thinks that extracts of the so-called "pure bitters," which are usually prescribed with the view of stimulating the secretion of gastric juice and of aiding digestion, so far from having any beneficial effect of that kind, are absolutely injurious, inasmuch as they retard the digestive functions. He has made a series of experiments with extracts of aurantium, gentian, trifolium, absinthium, calumba, cascarilla, and quassia on (1) gastric digestion, and the secretion of gastric juice; (2) pancreatic digestion and the secretion of pancreatic juice; (3) the secretion of bile; (4) fermentation; and (5) nitrogenous metamorphosis. The conclusions at which he arrived were that bitter extracts, even in small doses, interfere with artificial gastric digestion, and also with the gastric digestion of animals, but not to so great an extent. Large doses of bitter extracts diminish the secretion of gastric juice, though small doses effect a slight and transitory increase of it, the digestive power of the fluid being, however, in all cases diminished. Bitter extracts have no effect on the secretion of pancreatic fluid, but they nevertheless retard hypogastric digestion. The action of bitter extracts on the secretion of bile is various; extract of absinthium, extract of trifolium, and large doses of extract of cetrarin, slightly increase it, usually at least, but not invariably; while extracts of quassia, extracts of calumba, and small doses of extract of cetrarin, have no effect at all. Bitter extracts have no anti-fermentative effect, and do not hinder suppuration. Lastly, assimilation of nitrogenous substances is diminished by the use of these extracts.

Ergotin in the Treatment of Profuse Hæmoptysis.

Dr. ROBERT ROBERTSON thus writes to the *Brit. Med. Jour.*, April 3: Professor Bartholow, of Philadelphia, in reference to this question, says (*Practice of Medicine*, p. 378): "The most effective remedy is the hypodermic injection of ergotin. Often the most severe bleeding will be at once arrested, when other means of treatment had been employed in vain." My own experience is quite in accord with this opinion; I know no remedy so reliable and so speedy in its action in severe cases. The following cases illustrate this action of ergotin:

CASE I. A man, aged 30, in an advanced stage of pulmonary phthisis, with large cavities in both lungs, was seized with hæmoptysis, and lost a pint of blood in the three or four minutes which elapsed before I reached him. Five minutes after the hypodermic injection of seven grains of ergotin, the bleeding had entirely ceased, and there was no recurrence of it for several days.

CASE II. A man, aged 21, with phthisis affecting both lungs, but no decided evidence of excavation, seized with hæmoptysis, had lost more than ten ounces of blood before the hypodermic injection of four grains of ergotin. After the

injection, he brought up only two mouthfuls of blood, and then the hæmorrhage ceased entirely, and in half an hour he walked upstairs to bed, and there was no recurrence of the bleeding.

In both cases there was no sign of spontaneous arrest of the bleeding before the administration of ergotin, and I think the loss of blood would have been much greater before spontaneous arrest occurred. Cessation of bleeding after ergotin is more decided and abrupt than natural arrest; and in most cases the patient is insured against further loss for some hours.

The Medicinal Uses of Saccharine.

Before an English medical society, Dr. DRESCHELD showed some preparations, and spoke of the therapeutic uses of this new sweet compound (benzoic sulphinide, or anhydro-ortho-sulphamin benzoic acid) obtained from coal-tar. This body was prepared by Dr. Fahlberg, of New York, and its physiological properties had been recently studied by Stutzer and Mosso. Saccharine was a white powder, of acid reaction, soluble in 500 parts of distilled water, and a little more soluble in alcohol and ether. It was intensely sweet, and a dilution of 1 in 10,000 had still a very sweet taste, very much like that of sugar, together with a very peculiar bye taste like bitter almonds (solution of sugar lost its sweetness in a dilution of 1 in 250). Saccharine, when given internally or subcutaneously, was exuded completely by the urine in an unaltered state; it was, therefore, not decomposed in the body. Neither the saliva nor the fæces contained any traces, even after large doses. It had scarcely any retarding effect on the digestion of either proteids or hydrocarbons; in fact, given in small quantities, it increased the diastatic action of malt in the presence of sugar. It had no injurious effect if given even in large quantities (2 to 5 grammes) in man, and produced no appreciable alteration in the appetite. The urine showed no alteration during its administration either in specific gravity or quantity. The urea and sulphuric acid in the urine did not show any changes. The urine had, however, an intensely sweet taste, and did not undergo fermentation readily. Saccharine was slightly antiseptic. Beyond being a substitute for sugar, it possessed no therapeutic properties, except that, in two cases of acid dyspepsia, it relieved some of the troublesome symptoms. Its use was indicated in diabetes and obesity. In diabetic patients, it had no effect either on the quantity of urine or on the amount of sugar passed.

The Value of Arsenic in Skin Diseases.

Before the New York Dermatological Society (April 27th), Dr. Fox read a paper on this subject, which may be summed up as follows: The very common practice of giving arsenic in nearly every case of skin disease is irrational and harmful.

It is irrational, because in the majority of cases the remedy produces very little, if any, benefit.

It is harmful for the following reasons:

a. In many cases it increases cutaneous congestion, intensifies pruritus, and thereby aggravates the eruption.

b. It is very frequently relied upon to the exclusion of other and better plans of treatment.

The universal employment of arsenic in the treatment of skin diseases, is no more a proof of its value than was the former practice of venesection, for most diseases a valid argument in favor of that plan of treatment.

The beneficial change which sometimes follows the use of arsenic is frequently due to adjuvant treatment, and erroneously attributed to the administration of this drug.

In spite of the wide-spread belief in the value of arsenic, there has never been published a series of carefully-recorded cases in which the sole administration of this drug has produced any notable therapeutic results.

There are some forms of chronic inflammatory skin disease, and possibly some affections of a malignant type, in which the internal use of arsenic will undoubtedly exert a beneficial influence.

In most cases of inflammatory skin disease, regulation of the diet, and such hygienic and medicinal treatment as tends to improve the general health of the patient, will do infinitely more good than the routine administration of arsenic.

A Highly Praised Diuretic.

The treatment of dropsy with *Apocynum Cannabinum* (American Indian hemp), by no means to be confounded with *cannabis indica*, was lately the subject of an interesting paper read by Dr. ANDREW H. SMITH before the New York Academy of Medicine, in the section of *Materia Medica and Therapeutics*. This plant is indigenous in America, and has long been used and prized for its diuretic properties. Dr. Rush called it "the vegetable trocar." Dr. Mott used it, but thought it too active for any but sthenic cases. In 1869 attention was re-directed to it by Dr. Harvey Jewett, of Canandaigua, N. Y., who, "as a tonic and diuretic," regarded it as more efficient in the cure of general anasarca, and in removing the accumulation from serous sacs, than all other remedies known to the profession. In atonic cases he recommended small doses at short intervals. A rapid cure was the result in his hands, where there was not incurable organic disease. The drug has a place in the *Pharmacopœia* of the United States, in the form of powder of the root, and a tincture prepared from this (see Martindale and Westcott's *Pharmacopœia*). But Dr. Jewett used a decoction made with one drachm of the bark of the fresh root to eight ounces of water; of this the dose was half an ounce every six hours. In 1875, Dr. Hutchins related a case of general anasarca, with pleuritic effusion and hydropericardium, extreme dyspnœa, and enormous distension, in which some of the drug gathered by and got from Jewett acted, so that in forty-eight hours the man who had been so frightfully distended was reduced to a skeleton. Dr. Smith's cases were three in number. One was a failure, perhaps owing to a bad selection of the drug. In another—a case of renal disease, with scanty urine and threatening uræmia—the *apocynum* excited profuse diuresis, and danger was averted. The third case was one of general anasarca, ascites, and cedematous lungs, with extreme dyspnœa, face cyanotic, and mind wandering. All diuretics had failed, and it seemed unwise to annoy the patient with further treatment; but as a *dernier resort* the *apocynum* was tried, and the quantity of urine was raised from between six and twelve to thirty ounces, and the urgent symptoms were relieved. The drug evidently deserves attention, and to have its action and uses defined.

Antipyrine.

Dr. J. H. FRANKENBERG thus concludes an article in the *Med. Record*, May 22 ; Our experience warrants us in coming to the following conclusions :

1. We possess in antipyrine an antipyretic which will reduce temperature most powerfully and rapidly.
2. It is in the great majority of cases perfectly safe ; only in very much depreciated states and in delicate children must it be warily given and guarded by cardiac stimulants.
3. It lacks nearly all the disagreeable features which other antipyretic drugs possess. Perspiration occurs in a large proportion of cases, but does not seem to enervate the patients or render them uncomfortable. Pruritus occasionally co-exists with the eruption. Vomiting now and then occurs.
4. It may readily be introduced into the system through various channels. Its taste is not particularly disagreeable, and may be easily disguised by some aromatic. Hypodermatically given it acts more decidedly and rapidly, and avoids the possibility of disturbing the stomach. It is unirritating. It may also be given per rectum.
5. It cannot cope with quinine as an antiperiodic or tonic, nor with salicylic acid in acute articular rheumatism.
6. It has practically no influence upon the pulse and respiration. If the pulse be dicrotic, the secondary wave entirely, or nearly disappears. In other words, it raises the arterial tension.

In conclusion, we would say that very little doubt is entertained but synthetic chemistry will develop many new compounds which may prove of avail at the bedside as antipyretics ; but it is our firm conviction that at the present day antipyrine, in sufficiently large doses, is the most powerful, the most certain, and the safest anti-febrile drug that we have in our materia medica.

Myrtol—A New Antiseptic.

Dr. E. C. LINARIX, in his inaugural thesis (*De l'emploi du myrtol*), gives us the first exact information that we have had concerning this new and reputedly powerful antiferment. It is, as its name indicates, the result of a distillation of leaves of the common myrtle ; is liquid in form and possesses in a high degree the characteristic perfume of the plant of which it is a derivative. It possesses a hot, aromatic, slightly acrid taste, which is evanescent and is followed by a pleasant coolness, especially if a long breath be taken. Its density is less than that of water, and it evaporates with great rapidity at ordinary temperatures. On the intact cuticle it produces no irritation, but if applied to an abrasion it is followed by an evanescent feeling of warmth which can scarcely be called a burning sensation. As an antiseptic it possesses great energy, preventing decay and fermentation wherever it is present (*par une simple action de présence*). Given in small doses it stimulates the appetite and digestion. In moderate doses (say 0.15 g., or two and one-fourth grains) it possesses a powerful calmative effect, acting first on the central nervous system and thence propagated to the peripheral system, producing a general calm. It is eliminated by the respiratory and urinary viæ. In maladies of the respiratory organs myrtol seems to be a veritable synergic of

all the balsamics, and has the advantage over most of the balance of being well tolerated by the stomach; its employment even in high doses, for long continued periods, not being followed by any disturbance of the digestive organs. Its value is best shown in combating subacute and chronic catarrhal affections, as in bronchitis that has run a portion of its course and has arrived at the stage usually denominated catarrhal (after the subsidence of febrile movement), the principal characteristics of which are an abundant muco-purulent or opaque expectoration and a difficulty in breathing. The administration of myrtol, by stimulating the contractility of the capillaries (and thus diminishing the supply of blood) and lessening the colloid secretion, gives remarkable relief in all such cases. Myrtol should be given in doses of two and one-half to three minims, five or six times a day. It is best administered in capsule filled at the moment of taking. As the myrtle thrives in all temperate and subtropical climates, and yields a large quantity of the distillate, myrtol should soon be cheap and plentiful.

Pulmonary Phthisis Treated with Vapor Impregnated with Turpentine.

Turpentine has been for some time recognized as a valuable therapeutic agent in pulmonary phthisis, but its use is attended by so much difficulty and functional disturbance, that its valuable properties have not been utilized. Dr. BRÉMOND GUINIOR has discovered a method by which turpentine penetrates the skin, and is inert in its influence on the digestion. The patient is placed in a box, from which his head protrudes; this assures normal respiration. During twenty minutes, the patient is surrounded by water-vapor, super-saturated with turpentine. This vapor condenses, and deposits turpentine on the entire cutaneous surface; its presence in the urine is evident after the first micturition; it is also detected in the sweat and in pulmonary expiration. The animal economy is more saturated with turpentine by this method than it was possible to obtain by any other manner of administration. Its action continues after the treatment is discontinued. The efficacy of this method has been tested in M. Leven's wards at the Rothschild Hospital. S. R., a compositor, was received into the wards on September 20, 1885. The February previous, he was treated at the Necker Hospital for pleurisy; since that time, he had a constant cough, and was excessively weak; during a short walk he was obliged to rest several times. When he entered M. Leven's wards he was excessively thin and weak; he had lost appetite, had night-sweats and dreadful fits of coughing. There was dullness at the apex of each lung on percussion; the sputa contained a considerable quantity of pulmonary bacilli. The turpentine treatment was begun on September 22d. On October 5th, after twelve applications, the improvement was considerable; the patient had gained two kilogrammes in weight; he felt much better, the night-sweats were less, appetite returned, and less sputa were expelled; the *souffle* was less strong. On January 2d the patient left the hospital; he had gained six kilogrammes in weight; the sputa contained a few bacilli, detected only by a very careful examination. Subsequently, S. R. returned to the hospital; his general condition was not so good as when he left, but he had not decreased in weight, and there were not any bacilli in his sputa. The turpentine treatment was not recommenced; he took warm shower-baths. A month after his re-admittance, the cavernous *souffle*

had disappeared, and bacilli remained absent. Another patient was submitted to the same treatment. He gained three kilogrammes: the treatment was discontinued during seventeen days, and he lost two kilogrammes in weight. After seven applications of the turpentine treatment, he increased a kilogramme in weight.

The Therapeutics of Urethan.

MM. MAIRET and COMBEMALE have addressed the following communication to the Academy of Sciences of Paris: "We have administered urethan 300 times, to 37 insane patients, with whose form of insanity we were acquainted. The doses varied from half a gramme to 5 grammes, given in twenty-four hours. When we administered urethan to insane patients with whose symptoms and conditions we were not thoroughly acquainted, it was given to them several times. The mental affections of the patients may be classed as follows: mania, 13; lypemania, 2; imaginary persecution, with sensorial faculties perverted, 3; insanity, consecutive to mania or lypemania, 9; insanity, consecutive to atheromasia, 3; paralytic madness, 7. In paralytic insanity, and insanity from atheromasia, strong doses of urethan did not have any hypnotic effect. In the other forms enumerated, the effect varied according to the excited state of the patient; when this is very intense, the drug does not have any hypnotic effect, but appears to increase the excitement. In less excited conditions, urethan produces sleep, which is calm, regular, and free from nightmares; the patient wakes up easily from a slight noise, or any other disturbing influence, but quickly falls asleep again. Sleep from urethan generally lasts from five to seven hours, and is not followed by any disagreeable sensation. Nutrition does not appear to be affected by urethan, even though it be given during fifteen days. From 2 to 5 grammes produce sleep, but not smaller doses: if 5 grammes be given as a first dose, and fail, it should not be continued. Its action is generally quick; sometimes two or three hours elapse before sleep results. Its action is not lasting; after two or three days, or six or seven days, according to the patient, it fails to produce sleep; its use must then be discontinued during some days. The earlier and sounder the sleep resulting from the influence, the sooner is that influence exhausted." MM. Mairet and Combemale's physiological researches on the action of urethan, published in the *Comptes Rendus de la Société de Biologie*, 20th March, 1886, indicate that this substance acts directly on the nervous system.

The Mountain-Cure in Heart-Disease.

Before an English Medical Society Dr. CLIFFORD ALLBUTT read a paper on this subject. After referring to Oertel's recent papers, he detailed three cases, all occurring in medical men, whom he had advised to try the plan of graduated exercise, known in Germany as the mountain-cure. The patient, under careful supervision, was urged to walk certain paths of gradual ascent. The distress at first felt became less as perspiration ensued, and the "second wind" was obtained. The sweating was then very profuse, and the inspirations became deeper. The first case referred to was suffering from mitral regurgitation, with œdema of the legs and some fluid in the pleuræ. He recovered sufficiently to be able to resume his professional work in comfort. The second patient suffered from orthopnoea, with weak systole, and a systolic murmur audible at the cardiac apex, and general ir-

regularity of secretions. In a week after he commenced the treatment, he could walk an ascent of 400 feet, and shortly mounted 4,000 feet, without difficulty. He remained well till two years later, when he died of acute pneumonia. The third case was a fat man, aged 48, with dyspnoea and signs of cardiac dilatation, who perfectly recovered. Dr. Allbutt remarked that cases must be very carefully selected, as this method would probably prove rapidly fatal to cases of aortic regurgitation or purely atrophic conditions of heart.

Mr. Wheelhouse thought that, in the cases related, there was a strong gouty element, for which the method adopted, aided, as it was, by copious water-drinking, would be well suited.

Dr. Churton thought that the weakness of the right heart, prominent in mitral disease, was intensified by spasm of the pulmonary artery due to impurity of blood, and that, by increased elimination from the skin and other organs, this might be relieved; while, in some cases, irrecoverable distension might occur during the effort.

Dr. S. C. Smith had advocated, in a recent paper, an increased amount of exercise in some cases of cardiac disease. He thought the treatment of a weak heart was the treatment of a weak muscle, which would be improved by exercise, active or passive.

Dr. Barrs thought that, in the class of patients generally seen in hospital practice, the usual treatment by rest and drugs was comparatively satisfactory.

Corrosive Sublimate in Diphtheria.

Dr. WERNER, medical officer to a circumscribed factory population of about 2,000 near Narwa, in the Gulf of Finland, writes in the *St. Petersburger Medicinische Wochenschrift*, describing the satisfactory results he has obtained in diphtheria by treatment with perchloride of mercury internally, combined with ichthyol inunctions. The disease is very frequent and fatal in the locality, he having attended during the last six years ninety cases, the average mortality of which was between 60 and 70 per cent., the majority succumbing from general weakness when the local affection was passing off, or after it had quite disappeared. Last year the type was peculiarly severe. In July, August, and September, eleven cases occurred, of which no less than nine proved fatal. From the end of September to the present time, however, during which period there have occurred seventeen cases, all of which were treated with perchloride of mercury, and many of which were very severe, there were only two fatal cases, neither of which was seen till a few hours before death. The author's method is as follows: For young children he dissolves a quarter of a grain of the perchloride in 4 ounces of water, for children of six or seven half a grain in 6 ounces of water, and for adults three-quarters of a grain in 8 ounces of water. This solution is given to the patients while they are awake every twenty or thirty minutes, in measured doses, so arranged that the quantities made up shall last from twenty to twenty-four hours—i. e., about half a drachm in the case of young children and a drachm in that of adults. When a good deal of sleep is obtained larger doses are given at longer intervals. As a rule only milk is allowed as nourishment. If considerable pyrexia exists, an enema of from ten to thirty grains of antipyrin, according to the age of the patient, is given, the rectum hav-

ing been previously cleared out. Externally ichthyol is diligently rubbed in over the swollen glands three or four times a day, the fingers being wetted with water when dry to permit of the rubbing being continued for some time. For the first two days of this treatment the local affection usually undergoes no improvement, but on the third day it begins to diminish, and the general condition becomes better, the appetite increasing and the children regaining their wonted spirits. In no case did the author meet with the extreme debility which was frequent in cases treated by pilocarpine, even when the local affection was decreasing. As the patients approached convalescence the medicine was diminished, so that more than six bottles were never required. Complications never occurred, though three of the patients had previously had scarlatina.

Dangerous Antiseptics.

The *Med. Press* says: The value of an antiseptic is naturally proportionate to its influence as a destroyer of animal or vegetable life, but this is not the only test of its applicability in surgery and medicine. Some agents, though perfectly efficient as deodorizers or disinfectants, have been to a large extent superseded on account of their disagreeable smell, while others—and this is the class to which we wish to direct attention—have to be used with great care, on account of their liability to become absorbed and give rise to toxic symptoms. Three of the best-known and most popular antiseptics are included in this category, viz.: carbolic acid, iodoform, and corrosive sublimate. All these are liable, when used as lotions or irrigations, to be absorbed and give rise to very distressing symptoms, and in some cases even to a fatal result. Corrosive sublimate is of comparatively recent origin as an antiseptic, and is without doubt one of the most powerful agents at our command for this purpose. It is, however, like the others, liable to absorption, and owing to its intensely poisonous character, the most untoward effects occasionally result from its use. In a recent number of the *Nouvelles Archives d'Obstétrique et de Gynécologie*, Dr. Lucien Butte has taken the trouble to collect the notes of some twenty cases of puerperal diseases in which the employment of the *liqueur de Van Swieten* (a 1000 solution of the perchloride) was attended with fatal results. From the rapidity with which fatal intoxication took place in most of the patients, the characteristic salivation and gingivitis were absent, and in several the cause of death was not suspected until revealed at the post-mortem examination, the abdominal pain and diarrhoea being attributed to puerperal causes. The symptoms generally presented themselves within from twenty-four to forty-eight hours, and rapidly led on to collapse. The effects were more marked in patients of a debilitated or cachectic constitution, and lacerations of the cervix or perinæum or ulcerating surfaces seemed to favor absorption to a marked degree. With these facts before us, it becomes desirable to use the perchloride of mercury with great caution, even in extremely dilute solutions, and especially to watch attentively for any indication of its absorption. The absence of some of the characteristic symptoms in those very cases where, from the rapidity of its action, it is particularly dangerous, together with the liability in puerperal cases of mistaking its symptoms for those incidental to the condition of the patient, render it a dangerous agent, notwithstanding its usefulness; and if an antiseptic can be found which will afford as satisfactory results

apart from the risk of toxic effects, it would doubtless promptly take the place of the sublimate.

Cocaine as an Anæsthetic on Other than Mucous Tissues.

Dr. E. W. McCraby thus writes in the *Medical Age*, May 10: There seems to be a universality of opinion in regard to the anæsthetic effects of cocaine in operations other than on mucous membranes. I have consulted a few surgeons in regard to the use of it in operations on the exterior, who doubted its utility, except on mucous tissues, and advised that its use would be fraught with some danger. Herewith, I will give you my experience with the drug, on my own person: I was wounded by the accidental explosion of a shell: a piece about $\frac{3}{4}$ in. by $\frac{1}{2}$ in. entered my thigh about the middle third, a little to the left of the femoral artery, ranging outwards and downwards about $1\frac{1}{2}$ in. I sent immediately for Drs. Barnett and Hutchinson, my neighboring physicians. They probed to the full depth, and found the fragment. They then introduced about $\frac{3}{4}$ drachm of solution of hydrochlorate of cocaine per hypodermic syringe; first a few drops just under the skin, then in a few minutes it was inserted deeper. After waiting 15 minutes, the grooved director was inserted to where they thought the fragment was lodged, and with a bistoury the parts were laid open. Probing with the fingers and instruments was continued for a half to three-quarters of an hour, without the least particle of pain; nothing more than if the cutting had merely been on my pants. No unpleasant effects were experienced from it until some time after the operation, say about three-fourths of an hour, when there was considerable hyperæsthesia of the parts, which lasted about two hours. While under the influence of the drug, there was some nervous excitation or exhilaration, which passed off in a short time. No languor, stupor, or nausea followed its administration.

In this operation the doctors failed to find the fragment of shell. They concluded that it was not there, and dressed the wound. I kept my bed for several days, waiting for a union by the first intention. About the sixth day it was discovered that a sinus had formed to the depth of $1\frac{1}{2}$ in. I let it remain, although suffering a great deal of pain, until the second of March. I then visited Washington, Ky., to consult Drs. W. P. Hart and A. N. Corigan. Dr. Hart introduced the probe, and found the fragment. Dr. Corigan injected a drachm of solution of cocaine into various parts around the part to be operated upon, and in about twenty minutes Dr. Hart commenced the operation. In a short while he extracted the piece of shell. I can truly say in this operation I felt no pain whatever, but the exhilaration or nervous excitation was present as before, and an hour after I experienced considerable local hyperæsthesia. The wound healed kindly.

Helenin in Diphtheria.

Dr. JUAN BELTRAN OBIOL has communicated to *La Cronica Médica*, a paper on the subject of the successful treatment of diphtheria by means of helenin. He refers to a work by Dr. E. Pilatte, published in Paris and entitled "*Recherches Expérimentales sur le Bacille de la Tuberculose*," in which it is stated that the three substances most destructive to cultivations of bacilli are, in the order of their activity—(1) Sulphuretted hydrogen; (2) corrosive sublimate; (3) helenin. The first

two of these are of course out of the question for diphtheria. Helenin, therefore, is the only one which can be used for this purpose. Dr. Obiol is very particular about the helenin he employs, for he finds many specimens in the market which are exceedingly impure. When pure, he says, it is perfectly white and flocculent, like sulphate of quinine. It has an aromatic odor and a bitter aromatic taste. It is insoluble in water, and does not communicate to it any opalescence. It is very soluble in alcohol, and even more so in ether, the solutions being clear, colorless, and depositing no sediment. It is also soluble to the extent of 2 per cent. in oil of sweet almonds. Impure specimens are apt to be granular, heavy yellowish, only slightly bitter, with a resinous odor, and they sometimes impart opalescence to water, and deposit a precipitate from their solutions in alcohol and ether. Another substance sold as helenin, but which is said to be a derivative of thalin and not to possess the antiseptic properties of helenin, is crystalline, only slightly soluble in ether and alcohol, and not at all in oil of sweet almonds. The pure drug is ensured by prescribing "helenin (Baeza)." The author's plan was to apply powdered camphor on the end of the finger to the diphtheritic patches, and then to paint them over with a solution of helenin in oil of sweet almonds. This was done at first every four hours, and quickly produced complete destruction of the false membrane. The drug was also given internally in doses of one grain and a half to children of six years of age, care being taken to administer the powder after the application, as the latter sometimes induced vomiting. The author had great success with this method of treatment, but he insists on the necessity of the local applications being made by the medical man himself as far as possible, and not left to the parents. He found that when he commenced the treatment on the first day of the disease, a single day was sufficient to effect a cure; when he commenced on the second day, two or three days were required; when on the third or fourth day, from six to nine days were needed; but when he did not see the patient till the fifth or sixth day, the hope of effecting a cure was not very great. In his experience albuminuria did not occur. The only unpleasant action of helenin is its constipating effects, against which it is necessary to guard by giving laxatives.

Internal Administration of Vaseline.

Dr. GEORGE A. HARRIS thus writes to the *Brit. Med. Jour.*, May 1: In the *Journal* for February 13th appears a short note by Mr. H. Shapter Robinson, on three cases of poisoning by paraffinum molle; and, in the concluding paragraph, it is queried "whether vaseline should be administered internally at all, and, if so, in what doses." The following facts show that vaseline can and has been used in India in large doses; and although perhaps with very doubtful benefit, at all events without traceable harm.

During 1884, the district police officer of Noakhali (a district of Eastern Bengal) reported to the local government that, having had a large number of cholera cases in his district, when away from proper medical aid, he had experimentally treated them with large doses of vaseline—teaspoonful doses, frequently repeated; and having been surprised at the large percentage of recoveries, he had thought it his duty to report the matter, with a view to a further and extended trial. The local government took the matter up, and a circular was issued to all civil sur-

geons in Bengal, requesting a trial of vaseline in cholera. A similar circular was sent to the General Hospital, Calcutta. As second resident surgeon of that institution, all cholera cases admitted from amongst the shipping came under my care, and I gave the vaseline a fair trial—that is, it was given freely for upwards of three months, sometimes alone, and more often as an adjunct to other treatment. Most cases received drachm-doses of vaseline every hour, and some patients had as much as three or four ounces of vaseline given from the time of admission to the time of death. Some of the vaseline was vomited, but a good part was retained, as, from its viscosity, it was difficult to throw up. I am very nearly positive that not one of the cases treated with these large doses of vaseline recovered, and also that, in my judgment, not the slightest benefit resulted from the treatment; yet, on the other hand, I cannot say that any positive harm resulted to the patients which could, in any way, be traced to the vaseline; there were no symptoms of irritant or narcotic poisoning, no extra vomiting or purging—in fact, the results of administration, so far as I could judge, were purely negative. I noticed that, after the first few doses, the majority of the patients evinced a decided reluctance to go on with the vaseline objecting to its slimy taste. I do not know what the results of other medical officers were with vaseline; but at the General Hospital it was found to be completely inefficacious, and was abandoned—indeed, it is difficult to see how any benefit could result. I do not know whether Koch's comma-bacilli thrive in vaseline, or how they behave in that medium. The originator of the treatment has often assured me that he is positive the cases he treated in Noakhali were true cases of cholera, with the usual symptoms of watery purging and vomiting, etc.; and that he never saw any harm result from the treatment. My own cases were mostly amongst Europeans, and were genuine cases of a very bad type.

Arsenic in the Treatment of Arthritis Deformans.

Dr. KARL VON RUCK thus writes in the *Therapeutic Gazette*: Having met with indifferent success in the treatment of this affection by iodide of potassium and external applications of iodine, and having a patient who, after trying these remedies for some three months, was insisting upon further trial of “no matter what,” I determined to resort to arsenic. The patient was a lady, 46 years of age, had passed the climacteric period, and had always enjoyed good health previous to the present difficulty, which had its beginning two years ago, and soon after nursing a near relative during a tedious and fatal illness. She attributed the difficulty to the wringing of clothes out of very hot water while doing this nursing, and so wrenching her finger-joints—work to which she had not been accustomed. When she came under my care the third phalangeal joints of the fingers, and these alone, were affected in both hands, and the enlargement was very considerable. There was neither pain nor tenderness on pressure, but occasionally what she called rheumatic pains in the affected joints and in the forearm. During the three months whilst I treated her with iodide of potassium, the enlargement and the distortion of the affected joints increased, and the second phalangeal joints of the second and third fingers in one, and of the third finger in the other hand, became markedly enlarged, and the muscles of these fingers showed beginning atrophy. There was also an enlargement of the joint in one

of the great toes, which made its appearance during the iodide of potassium treatment.

She was now put upon Fowler's solution, 4 minims after each meal, and after two months' steady treatment, although no improvement could be made out, she had not grown worse, and this was deemed of sufficient encouragement to continue the remedy in somewhat increased doses.

When, at the end of two more months, the patient presented herself again, a slight improvement in the enlargement of the third phalangeal joints, especially of one hand, was thought to be noticeable, and the patient herself felt well convinced thereof; so she was advised to continue the treatment, with occasional intermissions, as the arsenic had, upon several occasions, produced a little puffiness of the lower eyelids. I did not see her again until over a year later, when she brought me another patient of the same class, at the same time showing me her hands, upon which no trace of the arthritic process could be discovered. She had taken the arsenic for six months longer, and then discontinued it, having only a very slight enlargement left in two or three joints, which disappeared afterwards without treatment. The toe, she said, had also got well.

This second patient had been under the care of many doctors, and her case dated back some six years; but she had never taken arsenic. No cause was assigned by her. She had had rather poor health for many years, suffering from dyspeptic troubles, and her present deformity made her very miserable, on account of the restricted use of her hands, and particularly on account of their unsightly appearance. She had just returned from a visit to the Hot Springs of Arkansas, and said that she had grown much worse under the treatment there.

Without going into further details of this case, I will simply say that she was put upon arsenic, and that although not entirely cured, the patient has been greatly benefited in the course of a year. She is able to use her hands almost as well as she ever could, and her general health has been much improved, owing to the simultaneous relief of her dyspepsia. The articular enlargements are certainly diminished by one-half, and the contractures are yielding to a steady course of massage and manipulation. She is still under treatment.

In connection with these cases, I would like to call attention to the etiological factor in arthritis deformans, especially in the first case; here the theory of a central cause situated in the nervous system finds good support. The development of the disease after nursing, and the death of a near and very dear relative, with the attending anxiety and grief, the symmetrical development and progress of the case, the trophic disturbances, all point in that direction; and I believe this theory to be further confirmed by the results obtained from arsenic, which, in my opinion, produces its therapeutic effects always by its action upon the nerves and nerve-centres.

Medicated Cottons.

The *Chemist and Druggist* says: Besides the pure cotton-wool used in surgery, we have now a considerable number of ingenious preparations in which the pure cotton is impregnated with a variety of medicinal substances, in order to render it a valuable agent in the dressing of wounds, in painful swellings or indurations, and for a number of external applications.

PURIFIED COTTON-WOOL.

Macerate the commercial article for the space of ten minutes in benzol; press out the liquid, and allow the cotton-wool to dry by exposure to the air. This treatment has for its object to remove any grease or resinous matters which may be present in the samples, and thereby enables them to absorb the medicating substances more easily. Many greasy samples of cotton-wool will not mix with watery liquids at all, and cotton which is impregnated with oils or resinous substances absorbs the active ingredients irregularly, yielding a preparation which is far from uniform in quality.

IODIZED COTTON.

The iodized cotton of Méhu is prepared by thoroughly drying 3.5 grains of pure cotton-wool in a stove; then mixing with it 30 grains of iodine, and placing the mixture in a closed flask at a temperature of 212° Fahr. for an hour; this is effected by placing the flask upon a water-bath. The iodine is thus equally diffused throughout the cotton. This preparation, we are assured, acts as a useful revulsive in neuralgia, serous effusions, slight inflammation of the respiratory organs, etc. A modern French work gives the following instructions:

	Parts.
Iodine	1
Purified cotton-wool	12

Inclose the iodine in some filter-paper and place it at the bottom of a flask with wide mouth; then introduce the cotton-wool and close the flask by covering the mouth. Place the flask in a moderately warm place until the cotton appears to be uniformly colored by the iodine. The preparation must be kept in stoppered bottles with wide mouths, placed in a cool place and out of the light.

SALICYLATED COTTON.

This preparation consists of purified cotton-wool impregnated with about 1-300th of its weight of salicylic acid. It has been found useful as an antiseptic agent in the dressing of wounds. In cases of amputation it is asserted that the patient has been kept without fever by the use of a salicylated cotton-wool dressing, which was only required to be renewed at the end of the week. The formula for its preparation is as follows:

	Parts.
Purified cotton-wool	100
Salicylic acid	10
Rectified spirit	100
Glycerine	1

Dissolve the salicylic acid in the rectified spirit; add the glycerine to the solution; saturate the cotton-wool with the liquid; press out the superfluous liquid; dry with the usual precautions and keep in wide-mouthed bottles.

BORACIC ACID COTTON.

To prepare this the ingredients used are taken in these proportions:

	Parts.
Purified cotton-wool, q. s.	
Boracic acid	10
Water	90

Dissolve the boracic acid in the water at a temperature of 140° Fahr. (60° Centigrade); saturate the purified cotton-wool with this solution; press it, dry it, and preserve it in corked bottles having a very wide mouth.

IODOFORM COTTON.

This preparation has come somewhat extensively into use during the last five or six years. It is best made in the following manner. It is necessary that each ingredient be taken very accurately according to the proportion given:

	Parts.
Iodoform	2
Ether	10
Rectified spirit	10
Glycerine	10
Purified cotton-wool	80

Dissolve the iodoform in the mixture of the ether and spirit; add the glycerine to this solution, and saturate the cotton wool with the liquid. Let it dry by exposure to the air. Draw the cotton out and keep it in glass-stoppered bottles with a wide mouth, closing well, and placed in a dark, cool place.

GLYCERINATED COTTON.

This is a preparation recommended by Gubler. It consists simply of pure cotton-tissue imbibed with pure glycerine; and it is said that cotton so prepared is permeable to all medicinal liquids without losing either its suppleness or its lightness. It is obtained by pouring a few drops of pure glycerine upon squares of cotton, and then squeezing them as strongly as possible with the hands.

HÆMOSTATIC COTTON.

To prepare hæmostatic cotton the purified cotton-wool is boiled in a solution of soda, and then plunged into a solution of perchloride of iron. It was invented by the German pharmacist, K. Ehrle, and has been extolled on the Continent both for hospital and camp use. It is used like lint.

AMMONIACAL COTTON.

This product was described a few years ago by Mr. B. Brown, who observed that when ammonia gas is passed through pure, dry cotton-wool, it is absorbed to a very large amount. In a water-bath, exposed to the air, the preparation loses all its ammonia.

Massage as a Therapeutic Agent.

Dr. WILLIAM MURRELL thus writes in the *Brit. Med. Jour.*, May 11th: Massage is of such inestimable value in the treatment of many intractable diseases, that it is to be regretted that so little is known about it in this country, and that it is so rarely employed as a therapeutic agent. It is often spoken of as a new method of treatment, but it has been in general use on the continent for a long time, and, more than ten years ago, received the adhesion of Billroth, Langenbeck, Esmarch, and other authorities. In a crude and primitive form, it is very ancient indeed, and is probably as old as surgery itself. Amongst the Greeks and the Romans it was extensively employed, both as a means of hastening convalescence from long tedious illnesses, and to relieve pain, and render supple

bruised or injured joints. The writings of Plato abound in references to this mode of treatment, and its virtues seem to have been very generally recognized.

It is to be feared that there is a certain amount of prejudice against the employment of massage, arising, probably, from the fact that it is frequently confounded with "shampooing" and "medical rubbing;" but it is, in reality, a scientific mode of treatment, well worthy of attentive study at the hands of skilled physicians and surgeons. The literature of the subject is extensive, and it would be impossible to give, within the limits of a short article, even an abstract of it. There are several kinds of massage, but the system almost universally adopted in Germany is that associated with the names of Mezger and von Mosengeil. Mezger may be regarded as the father of the modern phase of massage, while Professor von Mosengeil, by his accurate and painstaking experiments, has done much to establish it on a sound scientific basis. Those who have studied under the last named distinguished surgeon, and have had an opportunity of seeing him practice this method, will appreciate the fact that there is much more in it than at first sight appears. It is essential for success that the various processes should be carried out systematically, and in a definite order; although, of course, the same method of treatment is not applicable to every case. Every "movement" begins and ends with *effleurage*, the palm of the hand, and sometimes the knuckles, being employed for the purpose. It is always centripetal, and is performed with considerable rapidity and force. *Pétrissage* is a more complex process, and is by no means easy to acquire, although it looks simple enough. *Friction* is performed with the tips of the fingers, and is used in conjunction with *effleurage*, chiefly in the treatment of various affections of the joints. This term, which was originally introduced by von Mosengeil, is an unfortunate one, for it has nothing in common with what we ordinarily understand by friction. *Tapotement* is a kind of percussion, and may be performed either with the tips of the fingers, the partially closed hand, or its ulnar or radial border. Mezger rarely employs electrical treatment in conjunction with the manipulative processes, but von Mosengeil attaches much importance to it, and, in suitable cases, uses both the interrupted and constant currents to stimulate the motor points. He dispenses with complex apparatus, and his sessions are of short duration, rarely exceeding five minutes. On the continent, the physician or surgeon is usually his own operator, it being considered inexpedient to employ, even as an assistant, any one who has not been thoroughly and systematically trained, a process which requires, at least, two years of unremitting attention. It is known that, in many instances, incalculable harm has resulted to patients from ill-directed efforts, or the selection of unsuitable cases. For the treatment of women and children, an accomplished *masseuse* is essential; but she must be well educated, and should have such a knowledge of anatomy and physiology as will enable her to carry out the instructions of the physician intelligently. It is not at all necessary that she should be physically strong, aptitude being of more importance than mere muscular strength. The hands must be soft; and, if proper precautions be taken, there is never any risk of abrading the skin.

It is no easy matter to say in what class of diseases massage proves most useful. Unfortunately, its employment has been advocated in many cases for which it is essentially unsuited. Accurate diagnosis is of the utmost importance, and

the sphere of usefulness of this remedy will, with increased experience, become more accurately defined. My best results have been in infantile paralysis; and it was in consequence of the success achieved in certain obstinate cases of this disease, that my attention, as has been elsewhere stated, was directed to the subject. Progress is often slow, but the ultimate results are most satisfactory. The nutrition of the parts is maintained until new cells in the spinal cord take on the functions of those which have undergone degeneration, or have been destroyed. Massage is, undoubtedly, of much value in many cases of obstinate neuralgia, and succeeds admirably in some forms of muscular pain, such, for example, as those described by the late Dr. Inman under the term "myalgia." There is a general consensus of opinion that it is well adapted for the treatment of chronic joint-affections; and most of those I saw treated by von Mosengeil were such as would, in this country, be considered incurable, or would drift into the hands of "bone-setters." There are some diseases of internal organs in which it is undoubtedly useful. Not long ago a gentleman, aged 68, came to me complaining of shortness of breath, and increasing disinclination to take exercise. He had been in business, and had led a most active and energetic life. Three or four years ago he retired, and from that time experienced a gradual falling off in health. His appetite was poor, his bowels were obstinately confined, and he was nervous and anxious about himself. He was found to have a loud apex systolic murmur, and the heart's action was weak and irregular. I suggested massage, which was carried out systematically four days a week, for a period of six weeks. He improved from the very first, and before the conclusion of the course, was better than he had been for many months. His appetite returned; his hands and feet were warmer; the bowels became regular; he slept well at night; and his spirits improved in a most satisfactory manner. In other cases of obstinate constipation, especially in women, I have known massage of the abdomen do a great deal of good.

In a well-known group of symptoms from which women frequently suffer, massage is essentially useful. I recently saw a lady, aged 45, or thereabouts, a professional singer, who was laboring under the impression that she was going mad. She was so nervous that she was quite unable to accept an engagement, although she had been constantly before the public, and had hardly missed a night for twenty years. She told me that she felt she was not to be trusted and that, if left alone, she would do herself or her children an injury. She was afraid to go near an open window, so great was the temptation to throw herself out; and she even begged that the knives might be removed from the table at dinner. These symptoms were greatly intensified after each monthly period, and she insisted that she was suffering from cancer, or some organic disease of the stomach or womb. She was restless at night, and would often get up in the early morning, and walk for hours, until thoroughly exhausted. She was given full doses of the bromides—a drachm, or more, four times a day—but with only temporary benefit. Massage was then tried; and it seemed, to use her own expression, to soothe her, and calm her, and make her forget her troubles. The case was a prolonged one, but now, at the expiration of three months, she is much better, and will soon be able to resume her professional duties. In several other cases of restlessness and inability to sleep, the same method of treatment has proved efficacious.

Dr. Graham, of New York, speaks highly of massage in the treatment of neurasthenia. He uses it for those "who, in spite of rest, change, and medication, have become chronic neurasthenics, the result of business reverses, overwork, worry, loss of relatives, disappointed hopes, or as a sequel of some affection that has existed in some part of the system, but which has recovered or has become of secondary importance." These symptoms may be somewhat ill-defined; but I have certainly found massage of the greatest use in what, for want of a better name, has been called "spinal nervous weakness," or "neurasthenia spinalis."

In the treatment of corpulence associated with constipation, massage is of much value. Some months ago I saw a lady, aged 38, who, as the result of much good living and little exercise, had become inordinately stout. She was very short of breath, and was disinclined for exertion of any kind. She had been fond of literary pursuits, but even these had lost their charm, and were irksome to her. She was extremely irritable, and a source of trouble and anxiety to her friends and relatives. Massage was prescribed, and in two months she lost a stone and a half in weight, and improved notably in other respects.

For many forms of menstrual disturbance, massage may be safely prescribed. I recently saw a young lady, aged 19, who suffered intensely at each monthly period, the pain being so severe that hypodermic injections of morphine had to be resorted to. Massage of the abdomen and pelvis was prescribed, and from that time there was no return of the trouble. Cazeaux has reported several similar cases in detail. In the convalescence from acute illnesses, this mode of treatment is a great help and comfort to the patient. There can be no doubt that massage is a very valuable therapeutic agent, and is likely to yield good results in many complaints other than those I have roughly indicated.

Manaca (Franciscea Uniflora).

Dr. M. T. Love thus writes in the *Med. Age*: This drug, the synonym of which is *Mercurio Vegetal*, is the Brazilian remedy for rheumatism.

A sample of the fluid extract of manaca was placed in my hands, and a perusal of the scanty literature of the plant's medicinal properties led me to hope that the preparation at my disposal might modify and improve the secretory and eliminatory functions in cases where this indication is unmistakably to be met. I believe it is agreed that this is the leading therapeutic indication in chronic articular and muscular rheumatism. It was not long before I had an opportunity to put the remedy to the test.

About September 1, 1885, came to me T. B.; male; aged 40 years; railroad employé; medium temperament, inclining to sanguine, one in whom we would expect a prompt response to medication. Diagnosis, chronic muscular and articular rheumatism. Duration, nine months. Had been under treatment seven and one-half months, by a good regular practitioner, without improvement. Came to me walking on crutches. Some swelling of knee-joints and complaint of severe distress. Pulse weak, irregular, but no febrile action. Appetite fair. Bowels irregular. Pain in region of the kidney. Secretion of urine irregular in quantity.

I began with the fluid extract of manaca in doses of 5 gtt. every four hours, and increased a drop each day until 22 drops were given at a dose, at which time the kidneys became active, and I discontinued the medicine for a day. The sore-

ness of the muscles and joints disappeared from above downwards. At the time I discharged him he only complained of a slight weakness of the knee-joint. Crutches had been discarded at end of third week of treatment. The appetite had improved. The weight of the body had increased, notwithstanding the apparent depleting action of the drug.

It was noticed by his acquaintances that he was improving, and his answer to inquiries was: "O, I have a new physician with a new remedy."

He was under treatment in my hands six weeks. I quit the case about October 15, 1885, owing to my absence from the vicinity.

The only additional treatment he received was the application of electricity to the knee-joint most affected, and probably this aided somewhat, although not to any marked extent. After the lapse of five months, he remains in the same fair condition.

It is true this is only one case, and of itself is not conclusive, but taken with numerous other reports (already accessible to the profession through the valuable assistance of the scientific department of Messrs. Parke, Davis & Co.) it will be a unit in the array of facts necessary to decide ultimately upon the relative position in therapeutics that manaca is destined to hold.

Iodide of Potassium in Spasmodic Asthma.

In connection with a tabulated statement of thirty-six cases so treated, Dr. J. A. Ormerod thus writes in the *Practitioner* for April:

I believe that its action may be fairly compared to that of bromide in epilepsy. The chemical similarity of the drugs is obvious. There are similarities also between the two diseases. Both are characterized by attacks which recur periodically and often with considerable regularity, and which leave intervals of tolerable health. Epilepsy often begins in the night, as asthma does still more frequently. Asthmatic attacks may be preceded by a kind of warning. Both diseases are probably due to some fault in the central nervous system, though in both extrinsic causes may determine an attack. The two remedies act promptly in either disease, and act best upon the capital system; thus the typical epileptic attacks are more amenable to bromide than are the *petit-mal* and other aberrant manifestations of epilepsy; while iodide controls the sudden and severe nocturnal dyspnoea rather than the cough and slight shortness of breath which many asthmatics experience on waking in the morning. Neither drug is curative, at least in confirmed cases; though relapses on discontinuation of treatment are more speedy, I imagine, in epilepsy than in asthma. Lastly, in both diseases there remains a certain proportion of cases not benefited by these drugs, though the proportion of asthmatics unaffected by iodide is probably larger than that of epileptics unaffected by bromide; iodine as a remedy in asthma has certainly more numerous and successful rivals than has bromine in epilepsy.

Some New Purgatives.

Under this caption, Dr. DESNOS, in a note to the Academy of Medicine (*Bull. Gén. de Thérap.*, Jan. 30, 1886), narrates his experience with that group of cholagogues which were the subject of physiological investigation by Prof. Rutherford, of Edinburgh. Dr. Desnos's study included the following resinoids: Bap-

tisin, sanguinarin, juglandin, and phytolaccin. His conclusions are based on observations made of forty-eight patients suffering from various ailments. With sanguinarin he had only negative results, although given in doses considerable larger than those recommended (60 centigrammes, equivalent to 9 grains). On the other hand, he found baptisin and juglandin to be tolerably certain purgatives and efficient cholagogues, in doses from twenty to thirty centigrammes (3 to 5 grains, in round numbers). Phytolaccin (resinoid of *phytolacca decandra*—poke) proved to be the most efficient member of the group. In doses of 10 to 20 centigrammes ($1\frac{1}{2}$ to 3 grains), it causes easy and abundant bilious stools. Dr. Desnos summarizes his experience as follows :

“I conclude, then, that baptisin and juglandin are laxatives which may, perhaps, render considerable service, with the exception of some inconveniences [uncertainty of action, tormina, and tenesmus], and that phytolaccin, which is more certain, and in part exempt from the inconvenience just mentioned, is an important contribution to the therapeutics of constipation.”

Treatment of Facial Neuralgia by Hydrochlorate of Cocaine.

Dr. DE CONINCK, of Ledeberg-les-Gant, writes to the *Scalpel*, of Liège (*Le Moniteur du Practicien*, Jan. 15), that the effects of hydrochlorate of cocaine in facial neuralgia, and in cephalagia having its seat in the temporal region, are surprising. The pain, be it ever so intense, will instantaneously cease on applying to the auditory canal one minim of a solution of 1 per cent. of this salt, by means of a small camel's hair brush. This signal effect, however, will only continue for a few hours, after which a repeated application may be required. Hydrochlorate of cocaine has never failed in the many cases of these kinds of neuralgia, treated in that manner by Dr. De Coninck. In neuralgia of the fifth nerve and its branches, however, the results were less certain and less satisfactory, owing, perhaps, to the superficial mode of its employment.

Grindelia Robusta in Chronic Bronchial Catarrh.

In the *Russkaia Meditz.*, No. 1, 1886, p. 11, Dr. L. GRINEVITZKY highly praises the services obtained from the administration of fluid extract of *grindelia robusta*, in daily doses of two or three drachms, in inveterate chronic bronchial catarrh. Asthmatic attacks are as rapidly as strikingly relieved. Distressing cough soon disappears, nearly altogether, and expectoration becomes easy. The drug, however, entirely fails to relieve any respiratory disturbance accompanying other pulmonary diseases, as well as those caused by cardiac and nervous diseases.

IV. GENERAL MEDICINE.

Sudden Death from Corpulency.

Professor KISCH, of Prague and Marienbad, has recently collected statistics, and written a contribution in the *Berliner Klinische Wochenschrift*, on the frequency of sudden death amongst extremely stout persons. In nineteen cases of this occurrence, acute congestion of the lungs was discovered in twelve cases, cerebral hæmorrhage in six, and rupture of the heart in one. The pulmonary congestion arises, as Dr. Welch has already shown, from paralysis of the muscular walls of the left ventricle, while the right side of the heart continues to act with almost normal vigor. The apoplectic symptoms were traced, in most of the cases, to arterial sclerosis, a very frequent concomitant of extreme corpulency. Rupture of the heart is due to the overworking of the walls of the left ventricle, which, being involved in fatty infiltration and degeneration, can no longer increase in size in proportion to the extra work which it has to perform. The failure of heart-power appears always to be the immediate cause of death, which generally follows immediately after violent exertion, or an excess in drink or diet. Stout subjects over 50 years of age are very liable to fatal syncope, which, however, is frequent amongst the corpulent at earlier periods of their life.

Retraction of Penis.

In the *London Medical Record* is given the following singular case: A strongly built, generally healthy, married peasant, æt. 23, came to a local hospital evidently laboring under some mental trouble, and stated that "something had broken down below" with him. On stripping the patient a string was seen, one end of which encircled the retro-glandular sulcus of the penis and the other end was fastened around the lower part of the left thigh, the penis being kept in a stretched state. The patient would not allow any one to touch the arrangement, but himself untied the femoral end of the string. On relaxing the string the penis gradually retracted and finally disappeared beneath the pubic arch, leaving a navel-like depression. The part could be got back only by traction on the string. According to the patient's statement, everything had been in good order up to five days before, when, having got up to micturate in a dark night, he was much frightened at not being able to find any trace of a penis. He, however, managed somehow to pass his water, and after prolonged manipulations succeeded in getting his penis back where he retained it as above mentioned. Except a slight perineal pain, no other symptoms and no possible cause for the retraction could be detected. To allay the pain and the patient's distress he was given ten grains of bromide every three hours. The next day the penis remained unretracted for more than an hour, and in six days retraction had disappeared and did not return.

The Contagious Properties of Phthisis.

At a recent meeting of the Société Médicale des Hôpitaux, of Paris, M. VALIN read the report on the contagious properties of tuberculosis. The Society sent a list of questions to 10,000 medical men, and received 123 answers. Those who answered were classified as follows: 57 believed in contagion; 57 disbelieved it; 7 gave doubtful replies, and 2 were incomprehensible. Of 439 cases forwarded, 213 supported the hypothesis of contagion, and 226 were against the theory. The 213 cases favorable to the theory were as follows: 107 were husbands and wives, 71 near relatives, 18 the offspring of phthisical parents, 16 were distant relatives. In one, the disease was said to have been transmitted from a master to his dog. Heredity is an important factor in the propagation of tubercle. Tuberculosis is, the report states, more frequently inherited from the mother than from the father. Inherited tuberculosis is manifested sooner than when contracted from proximity with the contagious principle. It is difficult to ascertain what is the exact proportion of the cases due to contagion; it is roughly estimated to be one in ten among the well-fed classes; among the poor classes it is much greater. Data are at hand which indicate that phthisis has been imported into isolated localities and islands by inhabitants from neighboring countries where the disease existed.

Rotheln: A Point of Diagnosis.

DR. JAMES GREY GLOVER thus writes in the *Lancet*, April 24: The extreme infectiousness, notwithstanding the comparative harmlessness, of German measles, makes it very desirable to find early indications of its presence. I have been struck lately in two or three cases with the fact that the earliest symptom to excite the notice of the patient has been a swollen gland in the neck at the back of the sterno-mastoid muscle. One young lady lately consulted me about such a gland of considerable size, and without any obvious explanation in its neighborhood. Four days later the rash of rotheln appeared and explained the mystery, and the single gland had become the usual chain on both sides of the neck. When the disease is prevalent, or already exists in a family, and a swollen cervical gland in a young person appears without obvious reason, it may be suspected that the disease is already in the system. The occurrence of cervical glandular enlargements is of course one of the commonest and most interesting notes of this least pyrexial of the eruptive diseases, and the early appearance of the symptom coincidently with the rash, or even a day before, as Dr. Goodhart describes in one case, is also known. But its appearance four or five days before the eruption seems worth noting for diagnostic purposes.

On the Propagation of Cholera.

Dr. BOURGUET, of Aix, Provence, has published, in the last volume of the *Mémoires de l'Académie d'Aix*, a report on the cholera-epidemic of 1884 and 1885 at Aix, which presents some features of interest. The first case of cholera occurred at Aix on June 26th, 1884, at the time when Toulon was the only cholera-stricken locality. Other cases followed in different parts of the district. Eight deaths occurred between June 26th and July 8th. It has been positively ascertained that six among them were never in contact with cholera-patients, nor with any

article of clothes, food, etc., belonging to such patients or coming from a contaminated locality. Three of them lived in the country, one in a convent belonging to an Order where the inmates are forbidden to leave their cloisters. After July 8th, the epidemic spread over a considerable number of communes, and it was difficult to follow its course. M. Bourguet considered that it was difficult to determine whether cholera at Aix travelled from Toulon, or whether it spontaneously appeared. The condition of the district was favorable to the incubation of the cholera-germ. During May and the beginning of June, there were a greater number of diarrhoea and dysentery cases than usual. Towards the middle of June, there were several cases of cholera, accompanied with cramp and algidity. From June 3d to June 30th, there were fifty patients sent to the infirmary for diarrhoea and vomiting. The principal part of the cholera-patients at Aix drank spring-water or good well-water. Dr. Bourguet did not think that drinking impure water was a factor, either in causing the epidemic or in spreading it.

On the Movement Cure in China.

An amusing and interesting article has been contributed by Dr. MACGOWAN to the Medical Reports for China for the half-year ending March 31st, 1885. P'An Wei, the present Governor of Hupeh, wrote, in 1858, a *brochure* on Important Life-maintaining Methods, which gained him much renown, causing him to be sent for on the occasion of the fatal illness of the late Empress. The accumulation of air in the system by swallowing the breath was regarded as an important method of prolonging life by the ancient Chinese. Ch'ih Sung-tzu, a legendary personage, is said to have been the author of this method; he flourished for a period of at least twelve centuries somewhere about 2600 B. C., when the Yellow Emperor sought instruction from him in the art of prolonging life. Leih-tzu, the immediate disciple of Laotzu, inquired of Ch'ih Sung-tzu, the custodian of the writings of his master, how the power of traversing the air, of living unscathed in fire, and the like, might be acquired, and was told that it was neither by wisdom nor skill, but through support by the vital aura, by which was understood to mean breath-swallowing. A man who is permeated with the vital aura is invulnerable. Disease appears only when vitiated air can find entrance or when the circulation of the vital aura is defective. The air starts in its circulatory movement from the "little heart," which is situated in the pubic region. Without fire this aura is the source of animal heat; without water it lubricates the viscera. The object of postures, motions, and frictions is to promote the due circulation of the vital air. A massage bat and massage pestle were employed in equalizing the aura throughout the body; illustrations of these tools are given in Dr. Macgowan's account.

The Etiology and Pathology of Diphtheria.

Dr. J. B. JONES thus writes in the *Kansas City Med. Index* for Jan'y: Among the causes we find sewer-gas, ill ventilated buildings, and infection from the lower animals. He had seen cases where there was no question as to the child having been infected through the latter cause. He called attention to the fact of diphtheria being prevalent among hogs and chickens; and in some cases where the disease occurs in farm houses in high and dry localities where the conditions

are at their best, this might give us a clue to the cause. From two to seven days is the time of incubation. Brettoneau produced it by tincture of cantharides and olive oil; Albers, Duval and Delafaud, by acids, alcohol and nitrate of silver, ammonia and chlorine. Trousseau, in 1828, inoculated himself on the arm, the tonsils and the palate by means of the membrane, without effect. Bartels, Oertel and other modern investigators believe it to be a local affection at first, afterwards becoming constitutional—the seat of the disease being a continual generator for supplying the general system. Oertel recognizes in this disease the important relation borne by certain vegetable organisms. In the case of croupous membrane which Oertel produced by ammonia, the micrococcus did not appear; but in all cases where diphtheritic membrane existed, the micrococci appeared. Permanganate of potash, two and one-half grains to the ounce of water, and alcohol, 96 per cent. (Trall), were the only preparations that destroyed the micrococci. Two things should never be lost sight of: one, that diphtheria may exist while no membrane is visible in the throat; second, that every case where there is a membrane even with constitutional disturbances is not diphtheria. Dr. Drake is correct in saying that a majority of cases occur in catarrhal subjects; a membrane affected by chronic catarrh affords soil well prepared for the seeds of diphtheria. The two conditions we have most to fear in the disease are septicæmia and paresis. The diagnosis between diphtheria and croup is found in high vascular excitement in croup, steady pulse, etc.; in diphtheria we have a small, irregular, sometimes intermittent pulse, and low temperature with glandular trouble. Queries; Was the disease that Brettoneau, Albers and Delafaud produced diphtheria? Was the membrane with which Trousseau inoculated himself diphtheritic? A case of undoubted diphtheria would show the toxic effects very early. The appearance of the membrane in the throat is almost of two distinct types: in the one we have a coated, moist tongue, and a plentiful, moist membrane, with increased secretion in the throat; in diphtheria the tongue is dry, with a dark fur coating, while the membrane is an ashy-gray, not removable without bleeding, with extreme dryness of the throat. The one we generally cure with conventional remedies, chlorate of potash, iron, etc.; the other we do not cure with these. The one would probably get well under good nourishment and hygiene; the other rarely gets well under any treatment.

The Origin of Cancer.

The *Med. Press* says the close connection that exists between chronic inflammations and irritations and cancers was long ago pointed out, and subsequent observations serve only to demonstrate more clearly what has long been obvious to nearly all professional minds. A recent writer in Volkmann's *Sammlung*, No. 257, Karl Schuchardt, brings forward a series of illustrations, carefully studied clinically and microscopically, of this connection. First of all are five cases of buccal and lingual psoriasis that have been followed by carcinoma: one of the patients had suffered from the psoriasis 30 years, another 20, another 13, another 3, and the fifth between 5 and 6 years, before the carcinoma developed. Another case was one following psoriasis of the prepuce of long standing, which in its turn was supposed to be due to phimosis. A second series of cases was formed by a number of skin carcinomata following diseases of the skin. This series in-

cluded chimney-sweep's cancer, tar and paraffin cancer. All had this in common, that skin affections of a hyperplastic character followed chronic fouling of the cuticle by mechanical or chemical agents as well as repeated traumatisms of specially disposed and exposed parts of the body, such as the arms and scrotum. To these succeeded cancerous degeneration which remained local in its action for years, but which was capable of setting up metastatic processes. Schuchardt reports six cases of this kind. The seborrhœa of old people is capable of giving rise to cancer in a similar manner. Want of cleanliness has great influence in originating these. Microscopical examination demonstrated enormous extension of the anuclear layer of the epidermis, desquamation even to the hair follicles, increased formation of salts and retention of this secretion, and especially inflammatory infiltration of the corium, and more particularly into the papillæ. To these may be added those cases of cancer that follow ulcers of the stomach, sarcomata following blows, such as osteo-sarcoma, and such as the following, reported in the *Deutsche Med. Wochensch.*, 38, 1885, by H. Lindner. A virgin, æt. 16, had a blow on the mamma. Within three weeks a sarcoma followed; within seven weeks the breast was amputated; in five months the disease recurred, and was extirpated, and within a year death took place from "marasmus." In all these cases, and such could be multiplied indefinitely, the malignant disease followed injury of some kind or other, generally chronic, but sometimes, as in the latter class, acute. The question almost naturally presents itself—Is cancer, whatever its form, ever primary, *i. e.*, does it ever originate without a previous injury? Is it not in its earliest stage always an abortive and ineffectual effort at repair? The numerous facts collected seem to point to this origin, and we know of no facts that militate against such a view. Whenever cancer originates in parts open to inspection it begins in this way, and it is only when it arises in parts shut from our view that we assume that it is itself primary. It was long thought that cancers of the stomach were primary, but microscopical examination has shown that cicatrical tissue can be demonstrated in them. The same could possibly be shown in cancers of the liver, lungs, and œsophagus, if they were subjected to the same careful scrutiny.

A Non-Typhoid Peyerian Ulcer.

At a recent meeting of the Medical and Physical Society of Bombay, held April 2d, the President, Dr. H. V. CARTER, exhibited six specimens of a form of Peyerian ulcer, which he had not found previously described in current text-books. They had been obtained at necropsies of native patients suffering mostly from fever in the Goculdas Tejpal Hospital, Bombay; and if the most pronounced example were to be regarded as in any sense typical, it would indicate the occurrence, however occasional, of an affection which might not inaptly be termed "Indian enteric fever." Here the patient was a young male Brahman, resident, admitted on the ninth day of illness from the locally so-called "remittent fever," prostrate and anæmic, yet free from diarrhœa, and at no time in the true typhoid state. On the sixteenth day he was suddenly seized with acute peritonitis, and died two days later. The necropsy revealed as coarse lesions only numerous irregular deep ulcers in the ileum, the larger of which were obviously connected with Peyer's patches. In this, as in the other specimens, only some patches and

a segment of each were involved (usually near its margin and extending laterally beyond); and elsewhere the lymph-follicles themselves, with adjacent mucosa, even up to the edge of the ulcer, were not especially implicated, the primary lesion being apparently blood-stasis in the submucosa of the follicular areas, where a peculiar abundance and restricted anastomosis of the small blood-vessels normally obtain. Sectional views and other drawings were shown, and it was mentioned that micrococci had been seen within basal blocked vessels and around others at the sides of ulcers, further histological details being reserved for a future meeting. This affection is manifestly different from the catarrhal, peptic, or tubercular ulcerations, and also from genuine typhoid, a specimen of which occurring in a native soldier was shown for comparison; but whether or not it corresponds to what in some Indian museum specimens has been designated "perforating ulcer" of the small intestine remains still uncertain; though there are at the Grant Medical Museum, Bombay, a few such specimens which the author regarded as most probably identical with his own. The ulcers being often small and without much surrounding vascularity, might possibly at times be overlooked; and without close attention, combined with the use of a lens, it might sometimes be difficult to ascertain their real connection with follicular areas; especially, there being no prior enlargement of the adenoid masses, the relation of the isolated or smaller clusters to the smaller-sized ulcers might not be clearly apparent. Respecting the pathological diagnosis of the larger ulcers as displayed in the case above alluded to, the author quoted as not irrelevant the cautionary remark of Rokitsanski (Syd. Soc. Trans., vol. 2, 1849, p. 75) that "an acquaintance with the many anomalies of the typhus process is of such importance that we would not trust the person ignorant of them to judge of a post-mortem examination in a case of acute fever." As to etiology in this preliminary communication, the narrator, dubious as regards any urban "malarious" influence, could only surmise the operation of a "septic" infection from the "typhoid," though equally pythogenic in its nature and source; considering that the chemical and bacterial components of filth are numerous and variable enough to warrant (comparative experiment upholding) the inference that more than one pathogenous agent may at times be present in the fetid air, water, or soil of a crowded tropical city.

V. CLINICAL MEDICINE.

The "Cent" Sign in Pleurisy.

PROFESSOR PITRES, of Bordeaux, indicates a new sign in auscultation. Dr. Davezac describes it as follows, in the *Journal de Médecine de Bordeaux*. The patient is seated, and is auscultated in the dorsal region. An assistant places a cent on the thorax, in different parts according to directions, and percusses. The ear of the auscultator listens at the opposed corresponding parts. The healthy side is first examined; then the side with pleurisy, where the note is much higher. A clear metallic sound indicates pleuritic effusion; when this sound is absent, there is no effusion.

Unusually Prolonged Typhoid Fever.

To an English Medical Society Dr. SAUNDBY showed the charts of a case of typhoid fever, in which the patient had just recovered from his third relapse since admission, and whose history pointed to eleven weeks of fever before admission, making a total of 160 days, the patient being still under treatment. Dr. Saundby alluded to the writings of the late Dr. Pearson Irvine, and to the statement of Dr. Irvine that many cases of typhoid fever ran a course of a hundred days or more. In the present, the diagnosis was based on characteristic temperature-curve, rash, and stools. The patient's general condition at the end of this long illness was not very bad, and he was now making progress towards convalescence.

Bromide of Arsenic in Skin Diseases.

Dr. WILLIAM THOMAS CORBETT thus concludes an article in the *Med. Record*, April 17 :

In brief, I have endeavored to outline a few instances in which the use of bromide of arsenic has, to all appearances, fulfilled what other drugs have repeatedly failed to accomplish; at the same time I am well aware that impressions rather than opinions are justifiable from the meagre data at my disposal. In the *neuroses cutaneæ*, which American physicians are destined to encounter more, and to more fully appreciate, there is a dearth of drugs to meet certain indications which are brought to light by the unravellings of clinical and pathological research; in this direction it seems to me the one under observation will find its proper scope.

The Connection between Scarlet Fever and Heart Disease.

Dr. HENRY ASHBY thus concludes a paper in the *Lancet*, May 22 : "To sum up the connection of scarlet fever with heart disease I may submit the following :

1. In uncomplicated cases of scarlet fever lesions of the heart are very rare. 2.

Endocarditis is quite exceptional in scarlatinal synovitis; pericarditis occurs more frequently. 3. Acute or subacute rheumatism occasionally supervenes during convalescence from scarlet fever; an attack of scarlet fever may also be the exciting cause of a relapse; in such attacks peri-endocarditis is frequent. 4. Peri-endocarditis occasionally occurs in scarlatinal pyæmia. 5. Dilatation without valvular disease very frequently occurs in scarlatinal nephritis; peri-endocarditis and embolism are by no means uncommon."

Albuminuria in Acute Articular Rheumatism.

M. CHERON, in a memoir entitled *De l' Albuminurie dans le Rhumatisme Articulaire Aigu* (Albuminuria in Acute Articular Rheumatism), demonstrates the frequent occurrence of albuminuria in the course of acute articular rheumatism. He met with it in forty per cent. of such cases. In order to make a qualitative analysis, the urine was made acid by the addition of acetic acid; a certain quantity of a saturated solution of sulphate of sodium, amounting to the sixth part of the urine, was added, and the mixture was then heated. The presence of albumen was at once detected, if any were contained in the urine. M. Cheron considers that albuminuria in acute articular rheumatism is an indication, in most instances, of a transitory renal catarrh, more rarely of nephritis or renal embolus. It may also be deduced that salicylate of soda may be administered in the majority of cases of rheumatism accompanied by albuminuria.

Early Management of Cases of Mental Depression.

Dr. WILLIS E. FORD thus concludes a paper in the *Med. Press of Western New York* for June:

I regret very much that the time allotted will not permit my going more into detail in the matter of medical treatment, and that it cannot be illustrated by cases. My main desire, however, is to emphasize the following facts: That a careful diagnosis ought always to be made in cases of mental depression; that where there is intellectual perversion it does no good to attempt to amuse or divert the patient out of his sickness, or to advise travel; that some cases of sudden onslaught ought to have sedatives early to diminish sensibility, and thus to abort the disease; that in every instance of failure to obtain the fullest confidence of the patient, or where there are persistent suicidal attempts or long continued refusal of food, it is better to place the patient in an asylum; and, finally, that the more simple cases without delusion, but with disturbed emotions, are improved by change of scene, travel and diversion, with appropriate medical treatment.

The Treatment of Erysipelas.

KRASKE (*Centralblatt f. Chir.*) points out the superior results obtained by laying open and draining suppurating cavities (abscesses, empyema, cystitis, etc.), to those gained by mere injection of antiseptics. The same principle applies to the skin, and accounts for Vidal's success in arresting and curing progressing phlegmonous inflammation by making free incisions and scarifications, and also Hueter's comparative failure in treating erysipelas by carbolic acid injections. Kraske therefore incised and scarified the skin in erysipelas, and with good re-

sults in all his three cases. His method was to make a few deep incisions and a large number of fine scarifications, extending both into the healthy tissue around, to rub in a five per cent. carbolic solution, and keep up pressure by means of a carbolized compress. The method cannot, of course, be applied on the face, and would indeed seem to be quite too severe for any but a desperate case.

Exophthalmic Goitre: Family Predisposition.

Dr. ROBERT B. WILD thus writes in the *Brit. Med. Jour.*: The following cases of exophthalmic goitre recently came under my care, and show an apparent family predisposition.

Mrs. V., aged 35, married, had a well marked exophthalmos, and a goitre of the size of an orange. Her pulse was rapid and variable, with enlarged heart, and a systolic mitral murmur; the disease was of three years' duration.

E. B., sister of Mrs. V., about 28, single, had very marked exophthalmos, and a moderate sized goitre. The pulse was about 90 to 105, her heart normal. There were signs of incipient phthisis at the left apex. I was informed, by the medical man who attended the family for some years, that a third sister, presenting similar symptoms of Graves's disease, died of phthisis when under 30; and the mother of all three sisters died at 42, also from phthisis, and with distinct symptoms of exophthalmic goitre.

A Case of Phonomimesis.

Dr. I. I. PANTYUKOFF reports, in the *Russkaya Meditsina* of March 16, 1886, a curious case observed by him in the military hospital at Kief some years ago. The patient was a young soldier who involuntarily reproduced with automatic exactness every sound which was made in his presence. His face wore a listless expression, the eyes were closed, and consciousness of his surroundings was apparently dulled, though not entirely extinguished. Words in foreign languages, snatches of songs, the sound of a violin or harmonica, all were echoed with accuracy by his voice; while stamping of the feet, clapping of the hands, and cracking of the knuckles were also imitated by the patient, even though he was lying on his back and the sounds were nearly drowned by other noises. It was wonderful, the writer states, with what exactness every kind of noise was reproduced by this human phonograph, and all sorts of sounds mixed up together were repeated each time with its exact intonation and pitch. The patient was under the care of Dr. N. I. Shtcherbina, director of the psychological department of the hospital.

Myriapods in the Intestine.

M. Rooms, in the *Archives Médicales Belges*, reports the following case: A boy, aged 11, showed symptoms of illness, which lasted three years. He had strange tastes and fancies; he grew thin, and was exclusively irritable and nervous. It being imagined that intestinal worms were at the root of the evil, vermifuges were administered without any result. The child was better in winter, and grew worse in summer. One day he drank a glass of gin, in which artemisia blossoms had been infused, and he afterwards expelled a quantity of living myriapods, which lived several days. The child's condition greatly improved, but in the summer following it again fell, and the old symptoms reappeared. A double

dose of the gin, with artemisia blossoms, was given him. He vomited violently, and expelled myriapods from the mouth, nasal fossæ, and anus. The treatment was continued a month, and the pseudo-parasites disappeared. Probably, during the season of ripe fruit, the boy ate blackberries, and thus swallowed these insects. The vitality exhibited by the myriapods in the intestinal canal is explained by the denseness of the envelope and the peculiarity of their respiration.

Vapor of Cubebs in Membranous Croup.

Dr. R. COUETOUX relates, in the *Bulletin Général de Thérapeutique* of March 30, 1886, a case in which he obtained excellent results from the use of cubebs. The child was living under miserable sanitary conditions, and had also the disadvantage of being cared for by ignorant and careless parents. Various remedies had been tried, but without any beneficial results, and the child was apparently moribund, breathing with great difficulty, and able to take scarcely any nourishment. Dr. Couetoux then ordered about six drachms of powdered cubebs to be put in a vessel over a fire, and to be vaporized. This filled the apartment with a very strong and somewhat irritating, but not altogether unpleasant, odor. The child seemed to improve under this treatment, and it was ordered to be continued. But the following evening it was found that the parents had let the fire go out, and the child was apparently again at death's door. Another attempt was made, and this time the orders were obeyed, and the little patient began at once to improve and went on to recovery. A sister of this child, who was later seized with the same trouble, was also speedily relieved by inhalations of the vaporized cubebs. While not claiming any infallible specific action for this drug, the writer thinks that the results obtained in these cases would warrant further trial of the remedy.

Melanosis Often not Black: Melanotic Whitlow.

Mr. JONATHAN HUTCHINSON thus writes to the *Brit. Med. Jour.*, March 13: When melanosis fungates, and when it affects the glands, we must not expect the larger growths to be of a black color. The power of producing black pigment appears to be, in most persons, very limited. The original growth, beginning, it may be, in the rete of the skin, or in the choroid of the eye, is coal-black, but the later and larger growths are white, or show only here and there a pigmented streak. To make the diagnosis at these stages, it is necessary to look carefully at the skin near the margin of the fungus. Here a little colored border may often be found looking as if lunar caustic had been applied, which tells the tale.

Melanotic Whitlow.—There is a rare form of disease of the nail-bed which is malignant, and usually takes the type of melanotic sarcoma. It is generally attributed in the first instance to injury, and its diagnosis is always missed in the early stages. Because it resembles whitlow, and is usually so named at first, I prefer to give it that name. It is, however, from the beginning, malignant. Careful observation will find at the edge of the inflamed nail a little border of coal-black color, and this, however slightly marked, must be allowed to make the diagnosis. I have seen at least half a dozen of these cases. Early amputation is demanded.

Nitroglycerine in Chronic Nephritis.

Dr. FRANCIS KINNICUTT thus concludes an article in the *Med. Record*, April 17: My investigations, so far as they have been carried, permit of the following summarization:

1. That in nitroglycerine, given in small doses and frequently repeated, we possess a powerful agent for lowering the increased blood-pressure which is very constantly associated with the development of uræmic symptoms.

2. That it has the power to control or relieve many of the paroxysmal disturbances of the nervous system which are included under the general term of uræmia; of these headache and asthma are especially benefited by its use, the relief being more marked and continuous than that obtainable either by opium or chloral.

3. That its influence upon the daily excretion of urine and serum albumin in parenchymatous and interstitial nephritis is apparently to increase the former and diminish the latter.

4. That in the systematic and prolonged use of nitroglycerine, in appropriate doses, in chronic nephritis, we possess a means of maintaining more or less continuously a lowered blood-pressure, of often averting or relieving critical conditions, and thereby prolonging life.

The "Dead-Finger" Symptom in Bright's Disease.

In the *Giornale Internazionale delle Scienze Mediche*, No. 3, 1886, we read: This is a sensation similar to that experienced when the finger is immersed in snow, or exposed to a great degree of cold. The patients complain of formication, painful sensations, and cramps in the fingers, and sometimes the finger-tip becomes anæmic, white, and numb. This symptom is usually of very brief duration. In one patient it will last a few seconds only, but will reappear whenever the attempt is made to grasp any object; in another its duration will be for five or six minutes, and it will be noticed to recur at longer or shorter intervals, as one or two days or a week; finally, a third will recall its appearance on a single occasion only during the course of his disease, when it may last for a quarter of an hour. The symptom is localized now in one finger, now in another, the little finger being the one most frequently affected, the middle, the ring, the index finger, and the thumb coming next in order of frequency. The phenomenon may appear at the beginning of Bright's disease or near its termination, but is of greater diagnostic importance in the former case, since the other symptoms of the affection may at this time be insignificant or even absent. As to the pathogenesis of this sign, Dr. SOYER believes that it is the first degree of local asphyxia of the extremities, and regards it as allied to symmetrical gangrene as sometimes observed.

A Case of Paralytic Deformity of the Foot.

Before the West London *Medico-Chirurgical Society*, Dr. HERRINGHAM read notes of a girl, æt. 17 (under the care of Mr. Edwards and himself), who came with a hollow claw foot, corns under the balls of the toes, in the outermost of which suppuration had occurred, producing a wound resembling a perforating

ulcer, and anæsthesia of the outer half of the foot. The deformity was ascribed to paralysis of the interossei, in which no contraction could be obtained by faradic currents. The question was raised whether the ulcer could be fairly called perforating. The excessive pressure caused by the claw foot was enough to account for suppuration in a corn, but the anæsthesia, though common in perforating ulcer, was not the usual result either of interosseous paralysis or of suppurating corns. The fact that it existed in the course of two nerves, the external saphenous and the external plantar, not connected below the thigh, was against a peripheral nerve disease. It was hoped that the ulcer might be due simply to pressure, and the anæsthesia to a local affection of the nerve endings due to the ulcer.

Mr. Keetley inclined to regard the claw foot which sometimes developed in adolescents rather as a primary contraction than as having its origin in paralysis. Such cases always had large corns or callosities beneath the heads of the metatarsal bones; and though he had seen these callosities inflamed, he had never seen them present any likeness to the perforating ulcer associated with tabes.

Varicella and its Diagnosis.

Dr. HENRY ASHBY gives the following tabular contrast as to the points of diagnosis between varicella and varioloid (*Archiv. of Pediatrics*, February, 1886):

VARICELLA.	VARILOID, OR MODIFIED SMALLPOX.
<i>Incubation.</i> —Thirteen to sixteen days.	Twelve days.
<i>Premonitory Fever.</i> —A few hours.	Two to three days.
<i>Premonitory Symptoms.</i> —Mostly nil.	May include pain in back, headache, vomiting, delirium, drowsiness, convulsions, and fever.
<i>Rash.</i> —Red spots, in a few hours becoming vesicular, drying up in three or four days, leaving crusts; come out in crops on four or five successive days on scalp, body, limbs, face, and mucous membranes. Vesicles mostly monolocular.	Red, shot-like papules appearing first on face and wrists; during next twenty-four or forty-eight hours over body and limbs; papules become vesicular after two or three days, and pustules by eighth day of disease, or more frequently dry up, leaving scabs.
<i>Temperature.</i> —Intermittent in character.	Sudden rise, reaches height when the rash is fully out, followed by a speedy fall. Secondary fever slight in modified cases.

Fœtid Expectoration from the Lung.

Before the Academy of Medicine in Ireland, Dr. H. KENNEDY detailed two instances, both in young females, where a very profuse expectoration, attended by a most offensive odor, occurred. The fœtor was so great as to diffuse itself through a large ward, like what occurs in gangrene of the lung. The physical signs were in each case confined to one lung, and were what is now known as chronic strumous pneumonia. In each case there were slight signs of hectic, with nails curved; while menstruation was irregular. Under the use of a combination of powdered uva ursi and charcoal the patients improved much in their general health, and the fœtor quite ceased at the end of ten days, and in about a

month each patient left hospital to look for places as servants. No local treatment in the way of inhalation was used.

Dr. Hayes instanced the case of a woman in Dr. Stevens' Hospital, whom he had seen at the request of a colleague; the patient was the subject of a foetid bronchitis. He suggested an inhalation consisting of a combination of creosote, carbolic acid, iodine, and spirit, and in twenty-four hours the smell decreased, and disappeared entirely in a few days.

Dr. Walter G. Smith said he had seen several cases of pulmonary gangrene or abscess which was produced often by putrefactive bacteria in the air passages, irrespectively of the lung. The use of charcoal had been over-estimated. It would absorb gases, foetid odors, and abstract alkaloids in the dry state, but once thoroughly wet, its deodorizing qualities ceased. The distance to which drugs penetrate by inhalation into the air passages was much less than was generally supposed, it being doubtful if they get beyond the trachea, much less into the air passages and lungs. He doubted that the smell of gangrene of the lung could be diminished in that way, and said the rational way was to give plenty of fresh air.

Unusually Prolonged Period of Incubation of Small-pox.

Dr. HENRY E. ARMSTRONG thus writes to the *Lancet*: The following case of exceptionally long incubation of small-pox appears worthy to be put on record. The proof that the patient was but once exposed to infection, and that only for two hours and a half, is about as strong as available proof on such a matter is likely to be, inasmuch as, until the occurrence of the case in question, there has been no small-pox in Newcastle for above half a year, the last case before this having been notified in July, 1885; neither has the patient been anywhere outside of Newcastle, or in known communication with any infected person except one, or with any other person coming from an infected place. The circumstances are:

Mrs. A. B—— first began to feel unwell on Friday, the 26th of March. A very sparse eruption of small-pox papules appeared on the 29th (fourth day of illness). On March 6th the patient's brother, T. S——, was discharged from a small-pox hospital upwards of thirty miles distant from here, and came to Newcastle to the house of his sister on the same day. He remained with her for two hours and a half, when he went away by the north train, leaving behind him none of his clothing or other belongings. No communication between the two has taken place since. There is, therefore, good reason to believe that in this case the period of incubation extended from the 6th to the 26th of March inclusive, or in all twenty-one days. The patient bears faint vaccination cicatrices from infancy, equal in area to about six ordinary vaccine vesicles. It would be interesting to know how far the incubative stage has been affected by these.

Acromegaly.

Under the head of Acromegalie, M. MARIE describes a curious affection characterized by an acquired hypertrophy of the upper and lower extremities, and of the head. The hands, feet, and head especially become enormously enlarged; the skeletons of the hand and foot are of gigantic proportions, and without appreciable deformity. In singular contrast the forearms, arms and legs preserve

their normal size, or only increase in size to a slight extent, as in cases described by Friedreich. The bones of the face suffer when the head is affected, and the general form of the countenance assumes that of an ellipse with its greatest vertical diameter considerably elongated. Besides these characteristic deformities, there exist others of less importance—curving of the spine forwards, augmentation of volume of certain bones (clavicles, ribs, patellæ, iliac bones), but not of the long bones, tendency to hypertrophy of the fibro-cartilages of the ear and larynx, slight deformity of joints, wasting of muscles, deafness and blindness, hypertrophy of the tongue, preservation of general sensibility, spontaneous pain, a tendency to varicose veins and hæmorrhoids, considerable thirst, abundant flow of urine, and absolute integrity of the skin with a certain condion of cachexia. The disease affects males and females between the ages of fifteen and thirty-five; but apart from the disappearance of the menses nothing is known of its etiology. M. Marie speculates on the nature of the affection, and inclines to regard it as due to a vice in the development of the osseous system analogous to the disease known as primary progressive myopathy. Clinically, the disease recalls myxœdema, osteitis deformans of Paget, and leontiasis ossea of Virchow.

Can Pneumonia Occur as the Direct Result of External Violence?

Dr. OCTAVIUS STURGES thus concludes a paper in the *Lancet* (April 24): The sum of my contention comes to this: Pneumonia does undoubtedly sometimes follow injury, whether to the chest or elsewhere. In some instances the disease is not really caused by the injury, but only brought to light through its agency; in others it is its indirect consequence—due, that is to say, not to any immediate harm done to the lung, but to nervous shock, which, whether it arise from injury or over-fatigue or any other cause, produces a condition of the system favorable to the development of pneumonia. Shall we say, then, that bodily injury is a predisposing but not an exciting cause of pneumonia? It may be so. But as a matter of fact, and notwithstanding that in a country like ours there is generally “weather” to appeal to, the exciting cause often escapes us. That cause, which we call in scholastic phrase “predisposing,” be it injury, or sewer-gas poisoning, or alcoholic excess, is all that we see. To us it is the *sole* cause. And so it may seem that I demolish the very distinction I have been insisting on. Not so. The distinction is a very real and tangible one, and it is intimately connected with the pathology of pneumonia. For if the relationship of cause and effect be of the nature I have tried to indicate, not only do we bring bodily injury, regarded as a source of pneumonia, within the compass of a large class of causes all acting through the nervous system, but, further, we go far to establish the fact that this pulmonary affection, the true lobar pneumonia of definite duration and orderly sequence of symptoms, is not a lung inflammation merely, but the local expression of a wider, and often of a nervous, disorder.

The Treatment of Yellow Fever.

SEÑOR ADOLFO MARTINEZ CERECEDO, of Puerto Rico, in an article in *El Siglo Medico* on yellow fever, argues that as Dr. Friere, of Rio Janeiro, has demonstrated the existence of cryptococci in the blood, vomit, etc., and as the micro-

organisms producing most infectious diseases appear to obtain entrance by the gastro-intestinal tract, the abortive treatment by emetics and cathartics would seem to be the most rational, though much objected to by many South American practitioners. In addition to the emetics and cathartics, Señor Cerecedo advises that hot infusions of mallows or of oranges or lemons should be administered, the heat and the acidity being prejudicial to cryptococci and mycelia. He remarks here that Pacini and Koch have shown that the cholera bacillus dies rapidly in a medium only slightly acidulated, and that Buchholtz and Falk have observed that certain acids prevent the development of the different micro-organisms which set up abnormal fermentation processes in the stomach. Added to which, he has himself noticed from his experience in Puerto Rico that those persons who habitually drink lemon-water enjoy more immunity from yellow fever and malaria than those who abstain from acid liquids. He quite agrees with Dr. Freire as to the effect of salicylic acid on the yellow fever poison, and he advises that the soda salt should be given from the second day, and diaphoresis encouraged by hot drinks and external stimulating liniments. As an ordinary drink at this time lemon-water may be given, which, if nausea exists, may be iced. If the third day brings the remission with diaphoresis, the cold drinks should be replaced by hot. If the abortive treatment does not prove effectual, and the serious symptoms of the second period supervene, he advises recourse to the ordinary methods of treatment.

The Irrigation Treatment of Catarrhal Jaundice.

A recent number of one of the Berlin journals reports the revival of this method of treatment, originally proposed by Krull in 1877. He reported a series of eleven cases, and Loewenthal, who has lately reintroduced the plan, reports forty-one. The method is, in brief, the irrigation of the lower bowel by cold water once in twenty-four hours. It is claimed that the whole duration of the disease is shortened, that the gastro-hepatic symptoms speedily pass away, and that the headache soon ceases. The appetite very quickly becomes restored, and the patient is free from that peculiar lassitude so generally accompanying jaundice.

In the actual application of the method the following details are to be observed: For each injection one or two litres of water are to be used, with a temperature at first of about 12° C., and rising each day about 3° C. For children one single litre suffices. The average number of irrigations found necessary in the cases alluded to was four. In all an evacuation followed the first washing. In some diarrhoea ensued, but was checked by the subsequent washings at a higher temperature. By the third injection the passages generally have a yellow or brownish color. At the same time the yellow color fades from the skin and the bile-pigment leaves the urine.

The method has, at least, simplicity to recommend it, though it is hard to see just how it acts. As one of our exchanges suggests, the irrigation of the stomach (as suggested by Kussmaul and Senator for intestinal strangulation) with plain or medicated water would doubtless be of value. It would, at least, act directly on the inflamed mucous membrane of the stomach, which suffers in severe forms of the disease.

Nervous Troubles in Slow Mercurial Intoxication.

The *Jour. Cut. and Ven. Diseases* says : 1. Slow mercurial poisoning gives rise to a certain number of nervous troubles which constitute the greater part of its symptomatology.

2. These nervous troubles can be attributed, in part, to the presence of mercury in the nervous centres, where it has frequently been found, and in part to lesions of the cerebro-spinal system, which have been described by Wising. One of the most curious characteristics of these lesions is the persistence of the axis cylinder in the altered regions. This last condition is found in the lesions of sclerosis in plaques, which, moreover, in its clinical features shows some analogies with cerebro-spinal hydrargyrosis.

3. The nervous troubles of hydrargyrosis are :

a. Disturbances of motion : trembling analogous to that of sclerosis in plaques ; convulsive phenomena of various kinds (cramps, epileptiform attacks, etc.), choreic movements, apoplectiform ictus, paralyses presenting the features of paralysis of cerebral origin.

b. Disturbances of sensibility : anæsthesia presenting the features of anæsthesia of cerebral origin ; painful phenomena, of which the most constant are the arthralgias and cephalalgias.

c. Disturbances of a psychical nature which are at first excessively emotional : disturbances of sleep, vertigo, and, toward the last, dementia very much resembling senile dementia.

4. In general, these nervous orders persist for a very long time ; they may be greatly benefited, but only rarely can an absolute cure be obtained.

On Some Practical Points in Percussion and Auscultation of the Chest.

Before the Harveian Society of London, Dr. W. EWART read a paper on this subject, prefaced by a brief description of the instrument used in percussion and auscultation. Manual percussion, in the author's opinion, was to be preferred to the use of the hammer and pleximeter. The relative advantages of monaural and binaural auscultation were discussed from a practical stand-point. Differential stethoscopy was thought to be of little value ; but Dr. Ewart advocated the use of the comparing stethoscope, an instrument differing from the ordinary binaural in possessing two chest-pieces connected with the ear-tubes by means of a four-way-tube shaped like the letter X. By this instrument, special facilities were afforded for the rapid examination of the chest, and for the accurate comparison of sounds heard at widely distant spots. This comparing stethoscope had been constructed by the author before he had become acquainted with Dr. Spencer's instrument. The priority of the latter was freely acknowledged, and a tribute was paid to its ingenious and elegant construction. The paper was concluded by some practical suggestions as to the methods of using the various means of physical examination.—Dr. Sansom advocated the use of the pleximeter in percussion. He regarded the finger as the medium least of all adapted for the purpose, believing that it was nearly impossible to obtain precise outlines by its means. For his own use he had devised a pleximeter consisting of a small

pillar of vulcanite, furnished with flat plates at each end, of different sizes, adaptable to broader or narrower intercostal spaces, or other surfaces. By percussion with the finger, the sense of tactile vibration was fully preserved, and outlines could be so clearly defined as to admit of being marked out in pencil on the chest itself.

Hyperpyrexia in Rheumatic Fever.

Before the Academy of Medicine in Ireland, Dr. A. N. MONTGOMERY read a paper on the above subject:

The patient was a lady, æt. 27, who, on a passage from Liverpool to Valparaiso, was attacked on board ship with all the symptoms of acute articular rheumatism. The temperature rose on the third day to 102° . She was put on the salicylate of sodium treatment, and in ten days the temperature was normal, and the patient was walking about free from pain and fever. However, after a convalescence of ten days she got wet through while in bed, by a sea coming through the port-hole, and all her old symptoms returned, with a rapid rise of temperature to 106° within 36 hours. A full dose of 20 grains of quinine failing to have any effect in lowering the temperature—which continued to rise rapidly until the thermometer showed 108° —as a *dernier ressort*, recourse was then had to the ice-pack, using towels wrung out of iced water, the application being gradually extended from the head to the lower extremities; and the patient being then rolled up in blankets, she was kept thus for 10 minutes at a time. After the third and last application the temperature had fallen to 97.8° , thus making a sudden fall of 10.2° in the space of 40 minutes, with a marked relief to the head symptoms, as she completely lost her delirium, spoke rationally, and expressed her delight at feeling the icy cloths around. The temperature, after three days, rose again to 102° , but never went higher; and from this point the pains diminished, and she finally landed in Chili 30 days after her first attack, free from any acute rheumatic symptoms other than a damaged mitral valve. The author remarked though this plan of treatment was not free from danger from endocarditis, considering the weakened condition of the heart, still that in this case, when other methods had failed to reduce the high temperature, it had succeeded, when the case if let alone must have ended fatally. He, therefore, thought that he was justified in using it.

Gummata of the Liver in a Boy aged 15.

Before the Clinical Society of London, Dr. BRISTOWE read notes of this case: The patient was admitted into St. Thomas's with a tumor in the epigastrium, from symptoms of which he had suffered for six months. The tumor was about as large as a Tangerine orange, and slightly tender. The boy looked healthy; and, as no history of syphilis was obtained, and no indications of congenital syphilis were observed, the suspicion that the case was one of visceral syphilis was dismissed. No definite opinion, however, was formed as to the nature of the disease; but, on two occasions, a fine trocar and canula were introduced, with the result that they simply penetrated solid matter. The boy remained in the hospital for four months without specific treatment, and with gradual enlargement of the liver; and during the whole of this time presented a hectic temperature (the morning fall being down to the normal or even below it,

and the evening rise varying from 101 to 103) with frequent chills or slight rigors. But his general health remained apparently unimpaired; he did not lose either flesh or strength, he had a good appetite, and slept well. At the end of four months, a closer inquiry elicited the facts that three of his brothers and sisters had died in infancy, that he had himself (when seven years old) suffered for several months from some affection of his eyes, and that (what had hitherto been overlooked) there were several very faint nebulæ in both corneæ. There was no other trace of congenital syphilis. Acting on this information, Dr. Bristowe at once treated the patient with iodide of potassium and mercury. On the fifth day of treatment, the morning and evening temperature were both sub-normal for the first time; and from this time onwards (with two or three exceptions, when it rose to 98.4 or 98.6, and once when under the influence of an attack of tonsillitis rose to 102.6) the morning and evening temperature remained subnormal until at the end of two months he left the hospital. Under the anti-syphilitic treatment the liver diminished in size, all pain and tenderness ceased, and he gained flesh. Excepting for some remaining tumor of the liver, the patient left the hospital apparently well within six months from the time of admission.

Nerve-stretching for Leprosy.

Before the Harveian Society of London, Dr. E. DOWNES read a paper on this subject, founded on a large experience in nerve-stretching, for leprosy and sciatica, in Kashmir. Of forty-two cases recorded, thirty-two were well-marked cases of leprosy, and, in all these, anæsthesia of the lower extremities was an early and well-marked symptom. It was sometimes absolute and sometimes partial, being occasionally accompanied by absence of pigment, or by tubercles, the latter occurring more commonly on the face, and often with severe neuralgia of the deeper parts. Ulceration commonly occurred in course of time, and especially in the feet, possibly beginning, in some cases, as a result of direct injury to the anæsthetic tissues, and often extending to complete destruction of the parts. Some of the cases recorded had lasted from one to seven years, and longer in two instances. The operation was done through a three-inch incision at the back of the thigh, the finger being hooked round the nerve, and the limb being lifted from the table. All the cases were benefited by the operation, and, in some, the ulcers healed completely, and sensation was nearly restored to its normal state. The latter generally took place in the first few days. This success was fully appreciated by the patients, who repeatedly sent their friends, suffering from leprosy, to be similarly operated upon. The author observed that an exclusive diet of dried fish was not always an element in the production of the disease, many of his cases coming from districts where none was obtainable. He believed the ulceration to be due to peripheral neuritis, consequent upon some altered condition of the blood, for which the presence of bacilli might be answerable.—Dr. Buzard observed that these cases afforded direct proof of the relation of leprosy to affections of the peripheral nerves, and not to those of the spinal cord. The neuralgia, and the immediate results of stretching, were strong evidence in this direction. Although few of the English medical men had to deal with leprosy, he thought that a practical knowledge of the disease would lead to more thorough investigation of other forms of degeneration of nervous origin. Leprosy was at

one time endemic in England, and he suggested that remnants and traces of it might still be existent in the form of localized atrophy, or leukoderma.—Dr. Downes, in reply to questions, stated that in one of his cases, sensation had continued good for two years; none others had been watched for so long. He had obtained uniformly good results in nerve-stretching for neuralgia and sciatica.

Juvenile Muscular Atrophy of the Extremities.

At the séance on April 23d of the Société Médicale des Hôpitaux, M. JEFFROY gave an account of a disease which must find a place in our future nosographical literature. It is not exactly new in the sense that this was the first case described, for attention was first called to it by Charcot and Marie some months back. These observers collected the cases observed by themselves and others, which brought the number recorded up to the present time to about thirty. It is possible that as the existence of such a disease becomes more widely known, cases will be more common. The disease commences in an atrophy of the muscles of the foot in an infant or young child, and it is very common for several members of the same family to be affected. In an account given Eichhorst there were ten members of the same family thus afflicted. The atrophy affects also the muscles of the legs, and after a varying period of time attacks the hands and the arms, but never the muscles of the face or trunk. The atrophying muscles often present fibrillary contractions and cramps, and give the electrical reactions of degeneration. The case to which M. Jeffroy referred, but which he was unable to exhibit to the Society, as it was a private patient, is typical of the disease. The patient was a girl, who enjoyed good health till the age of five years, when after a slight attack of scarlatina, it was noticed that she walked with difficulty, and seemed to tumble much more than other children at play. By degrees the foot assumed the shape of a talipes equinus, and it was evident that the muscles were wasting; the skin over the feet was cold and red, the sensibility normal, but the muscles failed to react to the faradaic current. Such was briefly the condition of the patient for five years, when, without any other symptoms, her hands seemed to be becoming weak, and in three months' time the atrophy of the thenar and hypothenar eminences and interosseous spaces was well marked, and the movements became very limited; she could not play the piano or write; but under treatment she improved, and for the last six months there was no evidence of the progress of the disease.

Typhoid Fever Treated by Tepid Baths Allowed to Get Gradually Cold.

M. BOUCHARD (*Brit. Med. Jour.*, April 10), in treating typhoid fever, substitutes tepid baths, which gradually grow cold, for cold baths. The bath, he considers, should contain sufficient water to cover the patient's shoulders; also, the shirt should be kept on. The bath must be arranged in such a manner that hot or cold water can be easily added, and surplus water allowed to run off. The rectal temperature is to be ascertained before the bath is given. The water must be lowered two degrees in temperature every ten minutes, until it has fallen to 30° Cent. (86° Fahr.). The patient remains in the bath at that temperature for ten minutes. He is then well dried, a warm dry shirt is put on, and he is carried

into bed, wrapped up in a warm blanket. These baths are given as soon as the diagnosis is made, and are continued until the rectal temperature is maintained at 37.5° Cent. (98.6° Fahr.). Eight baths should be taken within twenty-four hours, but, towards the end of the fever, three or four are found sufficient. The advantage of these tepid baths is that immersion is not disagreeable to the patient at first, as is the case with a cold bath. The temperature is lowered, and the state of stupor typical of typhoid fever rarely sets in. Sleeplessness also disappears. Delirium, ataxy, and headache are greatly modified. Tetaniform muscular contractions have, in some instances, disappeared after three baths. Dryness of the tongue and mouth is also thoroughly relieved. When the temperature is not sufficiently lowered by tepid baths, M. Bouchard gives quinine. This mode of treatment may be followed by slightly disagreeable results. The epidermis of the soles or palms may be raised. It then cracks, and a painful swelling of the axillary or inguinal glands may appear; sometimes, fifteen days subsequently, there forms a purulent area below the derma; this is generally painless. It is, however, necessary for the physician to search for the purulent blister, and make an incision to let out the pus. The frequency of the baths and the length of time which they last are sometimes very trying. If syncope happen before, during, or immediately after the baths, they ought to be discontinued; and so must they be in cases of intestinal hemorrhage, perforation, and peritonitis. The appearance of the catamenia need not prevent the use of the baths. In pulmonary affections, they should not be used; but hypostatic congestion accompanying typhoid fever need not be considered as contra-indicated.

Bulbar Paralysis.

To the Harveian Society of London, Dr. BROADBENT showed the following case: J. H., aged 35, a stone-mason, was admitted into St. Mary's Hospital on January 29th, 1886. He had served in India, and there suffered from syphilis, sunstroke, ague, etc. One year before admission, he began to lose his voice, and had difficulty in swallowing, the food collecting in the sides of the mouth, necessitating manipulation with the fingers, the saliva dribbling away. These conditions, and a gradually increasing muscular weakness, had continued, with occasional remissions, until admission, when he was found unable to speak, except in a whisper, every syllable being produced by a long forcible expiration. The vocal cords were seen to be widely separated, and could be only partially approximated on phonation. The tongue was small and shrunken, and could be moved from side to side, but not properly protruded. There was impaired movement of all the facial muscles of expression, general muscular wasting, with paresis, traces of the reaction of degeneration, increased superficial reflexes, and good sensation. Since admission, there had been general improvement in all these symptoms, the chief trouble arising from the profuse amount of saliva, which frequently blocked the pharynx and larynx. The present condition included all the foregoing symptoms, the patient complaining, also, of pain in the left side of the face and head, with occasional nausea. The vision was impaired, the ophthalmoscope showing pallor of the centre of the discs, and very small vessels. The pupils reacted to light and accommodation, but were somewhat contracted. Hearing was also impaired; the heart's action was weak, but regular; respiration was chiefly abdom-

inal. The patient walked with a stiff but steady gait, but had great difficulty in going up stairs, or in rising from a seat, owing to weakness of the extensor muscles of the thigh, which in common with most of his extensor muscles, were wasted, exhibiting, to a slight extent, the reaction of degeneration. The superficial reflexes were exaggerated, and there was ankle- and thigh-clonus in the left leg. Sensation was complete. Treatment had consisted of rest in bed, with thirty grains of iodide of potassium daily. Dr. Maguire related a case of chronic poliomyelitis, with rigidity and excess of reflexes, in which the symptoms of bulbar paralysis showed themselves towards the end of the case. Sclerosis had been found spreading from the anterior horns to the lateral columns, and a microscopic hæmorrhage had been discovered in the nucleus of the vagus. There had been no renal disease in the case.

Gastric Neuralgia.

Dr. V. H. WYATT WINGRAVE thus writes in the *Brit. Med. Jour.*, May 29: Mr. E. C., a clerk, aged 21, anæmic, and weighing about 15 stone, consulted me in June last for dyspepsia, etc., with the following history and symptoms: He had had no previous illness, excepting those attending childhood. He had always lived temperately; his habits were sedentary; his meals were irregular, and at long intervals, generally hurried; he had bad teeth. In the last few years, he had had great mental anxiety. There was no history of gout, rheumatism, or syphilis. He was gaining weight rapidly. During the last three years, he had suffered with attacks of gastric pain lasting several weeks, recurring every few months; these had gradually increased in severity till the present time. He had been treated at different periods for dyspepsia, but with only temporary relief. When I first saw him, he appeared to be suffering acutely, and to be in great want of sleep. He complained of sharp shooting and griping pains, immediately below the ensiform cartilage, which came on about three hours after taking food, being particularly severe at night, interfering with rest. Upon eating, the pain ceased instantly, and relief lasted two to four hours. There was neither sickness, nausea, pyrosis, nor jaundice; and, excepting pain, insomnia, and constipation, he enjoyed good health.

The diagnosis, at first, somewhat puzzled me; but, by exclusion, I suspected some neurosis, since the pain was relieved by food, and occurred about the time when only the more insoluble and larger masses of food would remain in the stomach; these, acting as irritants, would easily cause the symptoms. There was evidently deficient proteolytic action, either due to want of hydrochloric acid, or of the so-called peptic ferment. Doubtless, insufficient mastication was answerable for a great deal.

He was ordered a mixture of tincture of nux vomica and hydrobromic acid, three times daily; also twenty minims of dilute hydrochloric acid, in a wine-glassful of warm water, with each meal. He was also directed to take regular meals and light diet, without stimulants; to take judicious exercise, to have Turkish baths, and to wear flannel shirts; also to have a pill of nux vomica, belladonna, and socotrine aloes. In a few days, he was relieved, and, in three weeks, was free from pain. There has been no recurrence, and when I saw him last, he expressed himself as being "perfectly well."

I have also had three cases almost similar, which speedily gave way to a like treatment; and I venture to record the above, believing it to be a typical and instructive example of that somewhat obscure disease, gastric neuralgia.

Spasm with Spinal Motor Mechanisms.

In Dr. SHARKEY's third Gulstonian lecture, he considered the subject of spasm in connection with spinal motor mechanisms. He divided the subject into three parts, viz: 1. Spasm produced by diseases of efferent spinal nerves. 2. Spasm produced in a reflex manner by diseases of afferent nerves. 3. Spasm produced by diseases of the ganglionic cells. Dr. Sharkey said that a large proportion of cases classed under 1 were not to be explained on the assumption that the diseased nerve caused excessive muscular contraction. The real fact was that the healthy muscles were those actively concerned, and produced contractures because the diseased muscles were passive, atrophied, and could not oppose them. Tetanus he regarded as perhaps an exception, but its pathology could scarcely be said to be known, and he had failed to make out any changes in the motor nerves. Even in regard to 2, Dr. Sharkey maintained that many cases are accepted as of reflex origin, which at any rate carry little conviction with them. Many cases occur where some sensory nerve is the seat of severe pain, or where a part is diseased which it is painful to move. A good example of the former class was furnished by facial muscular spasm accompanying facial neuralgia; and of the latter, rigidity in joint disease. But the most ordinary way of expressing pain was by some overaction of the facial muscles, and the ordinary way of preventing pain in joint disease was by keeping the joint still and opposing attempts at movement. Reflex spasm produced by disease of afferent nerves could therefore scarcely be dealt with apart from spasm produced by disease of ganglionic cells (3), for it was questionable how far stimuli applied to afferent nerves in chronic disease would produce muscular spasm if the centres were healthy. Reflex spasm no doubt did occur, but how frequently it did so, or how far the afferent nerves, or the nerve-centres, take the leading part in its production, were points which could scarcely be estimated. Dr. Sharkey supported Charcot's view, that various affections of joints may give rise to rigidity of muscles in a reflex way, and related a case in support of this opinion. He also gave an account of a case in which rhythmical contraction of the palmaris longus muscle occurred (ninety times a minute) after an injury, and became permanent. Another case he brought forward was one of spasmodic movements of the jaw and of the floor of the mouth, due to injury.

Report of Cases of Enlarged Spleen Treated by Hypodermic Injections of Ergotine.

Dr. C. L. GWYN thus writes in *Daniel's Texas Medical Journal*:

Case 1. Tommy Clarke, Texan, age 13 years, from a coast country. Tertian intermittent fever, duration of disease about five years, with intermissions of three to five months; spleen chronically engorged and enlarged, enlarged beyond and below the umbilicus. Used xv gtt. solution of ergotine, five times over the spleen, at intervals of four or five days. Discharged cured July, 1878.

Case 2. — Long, Harris county, age 12 years, intermittent fever; general

anæmia and enlarged spleen. His family were unable to give any definite account of duration of disease. Quinine, arsenic, iron, and tonics generally, afforded but temporary relief; used solution ergotine, xv gtt. hypodermically, once every week for four weeks. Discharged cured September, 1878. This patient is still living with his parents, tenants in the neighborhood, and has not been unwell a day since discharged.

Case 3. Louis Weaver, Texan, aged 12 years, malarial purpura hemorrhagica, with epistaxis, the hemorrhage only appearing during febrile exacerbation. Gave quinine and injected ergotine; gave three injections of xx gtt. three weeks apart for his enlarged spleen. Discharged cured September, 1879. This patient during the past year had an attack of intermittent fever, which yielded readily to quinine.

These cases were of sallow complexion, so much so that their friends accused them of being dirt-eaters. The sallowness has all disappeared, and they are now as hearty and ruddy as well can be.

I used Bonjean's ergotine, rubbed down with just sufficient glycerine to make it fluid enough to use with the hypodermic syringe, and supposed that xx gtt. would represent about three grains.

These cases were treated in 1878-79-80. Since then I have used injections of ergotine, and liq. ergotæ purificatus in some twenty odd cases, and have had but one abscess to follow its use, and it has caused intense pain in but one case, and in every case successfully.

The use of ergot in the above manner, I believe, was first suggested by Da Costa.

I do not wish it understood that I abandoned treatment by quinine and tonics while using the ergotine, but that these cases proved rebellious to treatment until the hypodermic needle was used.

Case of Eptileptiform Seizures Due to Sudden Anæmia of the Brain.

Mr. R. F. BENHAM thus writes in the *Med. Press*: Mrs. H., æt. 65, consulted him with reference to pain in the soles of the feet whilst walking, and symptoms of dyspepsia. She was rather corpulent, but with the exception of slight attacks of rheumatism, had always enjoyed good health. She had, moreover, never suffered from fits nor syncopal attacks. The heart-sounds were normal; beyond some slight increase of cardiac dulness, this organ was apparently healthy. The family history was good, with the exception of a tendency to gout on her father's side. Mr. Benham attributed the pain in the soles of the feet to the flattening of the arches, and ordered suitable boots to be worn; whilst for the dyspepsia a mixture of soda, ammonia, lithia, and arsenic was prescribed. Under this treatment the patient became convalescent. Shortly afterwards, however, she caught cold, and developed an attack of so-called "subacute rheumatism." She was treated accordingly, and though the rheumatism passed off, the patient still felt ill, and was too weak to get about. At a consultation it was decided to discontinue the rheumatic mixture and replace it with a tonic. Three days afterwards the patient complained of shooting pains over the cardiac region, and was said to have had several fits. Whilst Mr. Benham was inquiring into the nature of the

latter, with two fingers on the patient's radial pulse, it suddenly became imperceptible; she then became blanched, the eyes fixed and unconscious, with general tonico-clonic spasms, which continued for about fifteen seconds. Fifteen similar attacks occurred during a period of two hours and a half, and the author was able to predict the occurrence of each by a sudden dead stoppage, as it were, of not only the radial and carotid pulses, but also by the arrest of the heart's action when in complete diastole. The convulsions towards the last were more feeble as the patient undoubtedly grew weaker. Urine passed six hours after the seizures contained a good trace of albumen, but this subsided on the following day. Two days after the seizures the left arm and hand became much swollen, so much so that the wedding-ring was required to be cut. At another consultation it was decided to return to the rheumatic treatment. This the patient continued taking for about three weeks, when the symptoms abated, but leaving her weak and with stiffness in the various large joints, which, however, subsided under treatment.

The author then discussed, first, the cause of the sudden arrest of the heart's action, and secondly, the origin of the epileptiform seizures; and concluded by suggesting "that as it is a recognized fact that in all epileptics a severe seizure causes immunity for a long time from a second attack, while a slight seizure less so, could not the seizures be attributed to the energy of constraint taken away, since the generative force, so to say, was already developed?"

Alopecia the Result of Lesion of Trophic Nerve Centre—Relieved by the use of Electricity.

Dr. G. W. OVERALL thus writes in the *Alienist and Neurologist* for April: Miss C., aged 14, sent to me for treatment by Dr. Julius Wise, of St. Louis, March, 1885. The salient points in the case are as follows: In 1878 she had some form of fever (I have been unable to ascertain the type). On recovering, her hair all over her body came out, including the eye-brows and lashes. Up to the time I first saw her it had been out seven years, though she had been under constant treatment during the entire time without the least benefit. Her skin was dry, scaly and atrophied, except her scalp, which was glossy. She was in perfect health, except she suffered frequently with cephalalgia. She was physically well developed. No scrofula nor syphilitic history in family. I thought at first that it was malnutrition of the skin due to some obscure cause, so I began giving arsenic, cod-liver oil, and using various local applications. This was continued for two months without any relief.

I finally concluded that it was due to lesion of the "trophic nerve centre." I then discontinued the medicines, which by this time had her eyes very much swollen and inflamed, and began applying the electric currents—giving general faradization and central galvanization. The faradic current was also applied locally to the scalp by means of a sponge or brush electrode. At the end of the first month the only change observed was in the condition of the skin, which appeared more healthy, also relief of the headaches. At the end of the second month, with the treatment continued daily in the same way, fine fur could be seen in spots on the right side of the head. After the third month the fur, or fine hair, could be seen all over the right side, with a few scattered hairs longer than others. Up to this time there was no sign of any on the left. It seemed to follow the

median line. At the end of the fourth month's treatment fine hair began to appear on the left side, while that on the right was from a quarter to half an inch long.

The treatment was continued for ten months, with a complete restoration of the hair on the head and all over the body. The skin is perfectly natural in appearance. I am unable to account for the hair being restored on one side before the other, when both received the same treatment.

Pneumonia in the Old.

Before the last meeting of the American Medical Association, Dr. H. H. PATTON, of Dayton, Ohio, read a paper on this subject. He expressed the opinion that, while pneumonia frequently attacks persons in vigorous health, the old and persons debilitated from any cause are its most common victims.

As surgeon to the National Military Home, he had acquired some interesting statistics of hospital practice in that institution. There are in the institution about 5000 inmates, who were well advanced in life, and more or less disabled by wounds and diseases incident to the exposure and hardships of army life. Many of them are of dissipated habits, and scores of them were brought in who had been lying for hours on wet ground exposed to storms, and yet it was the common observation of the medical attendants that they did not take pneumonia. In his opinion pneumonia is rarely, if ever, produced by chilling of the body.

He called attention, also, to the latency of the symptoms, and the liability of the disease to be overlooked when attacking the aged. It rarely begins with a chill. Cough, pain, and expectoration are absent in the majority of cases. Generally there is a slight flush of the face, some rise of temperature, and increase of pulse and respirations, but these symptoms are not usually sufficiently pronounced to attract attention, unless the attendant is carefully looking for febrile reaction. Old men with pneumonia affecting one lobe are frequently so little ill that they do not consult a physician; but if a second lobe is invaded, they usually sink rapidly and die.

At the Home, within the last six months, sixty-three cases of pneumonia in members beyond eighty have been received into the hospital. Thirty-six of them died. A majority of the fatal cases were complicated with other serious maladies, but pneumonia was the immediate cause of death. During the same period fifty-three members over sixty died of all other causes. Seven cases were double pneumonia, and in fifteen cases different lobes were invaded at intervals of from twelve hours to four days. In thirteen of these cases the disease began at the base of the lung. In every case over seventy death promptly followed secondary extension of the disease, or the invasion of another lobe.

In conclusion, he called attention to the unexpected suddenness of death in many cases, and said that the examinations made in the dead-house had revealed the fact that pneumonia had been the most common cause of sudden death in the old at the institution with which he is connected. Of seven sudden deaths that have occurred there within the last six months, one was due to hemorrhage of the lungs, one to calcareous degeneration of the aortic valves, and five to pneumonia. Two of the cases were complicated by serious heart lesions.

Peculiar Cases of Pneumo-thorax.

Before the Clinical Society of London, Dr. SAMUEL WEST read notes of three cases of pneumo-thorax. The first case was one of sero-purulent effusion, which was tapped twice, the patient being in perfect health three years after the attack. The second case died from suffocation due to discharge of the viscid contents of a large cavity into the bronchial tubes. In the third case death occurred from hemorrhage due to an aneurism. In the first case sudden dyspnœa occurred whilst in bed, three months before the patient was seen. There was no cough previously, but cough and expectoration after the sudden attack of dyspnœa. The patient was at work the day before. Ten days before admission the dyspnœa grew gradually worse, and was attended with pain in the side. Pneumo-thorax of the right side with effusion was diagnosed. Forty-one ounces of sero-purulent fluid were withdrawn. The pressure was high. A second tapping fourteen days later yielded twenty-two ounces of fluid. Complete recovery followed. Three years have elapsed, and the patient is well and active. The second case was one of phthisis of nine months' duration. The pneumo-thorax of the right side took place whilst the patient was in hospital. Death occurred two days later from asphyxia due to obstruction of the bronchi by the contents of a large cavity, emptied probably by the compression of the lung. The third case began suddenly three weeks before admission; there had been cough for two months, or five weeks before the attack. The patient was admitted with dyspnœa and hæmoptysis. Pneumo-thorax of the right side with effusion was diagnosed. Paracentesis was performed, and twenty-eight ounces of sero-purulent fluid withdrawn. Three weeks later thirty-six ounces were obtained. A few days later still, a purulent discharge took place at the site of the puncture. Then a free incision was made. Hæmorrhage from the pleural cavity set in two days later, and hæmoptysis occurred a few days afterwards. Exhaustion led to death without further hæmoptysis. In the first case the cause was probably phthisis; the pressure in the pneumo-thorax was high. The composition of the gas was discussed, and also the nature of the effusion. The dilated state of the veins was commented upon, and also the prognosis in pneumo-thorax. As to the second case, Dr. West remarked that the chief cause of the dyspnœa, discharge of the contents of cavities into the bronchi, was not often described. On the third case it was observed that aneurism of the pulmonary artery and pneumo-thorax were but rarely associated; the processes which led to each condition were, so to speak, of opposite nature. A criticism of the proposed treatment of profuse hæmoptysis by the artificial production of pneumo-thorax concluded the interesting paper.

Peripheral Neuritis in Tuberculosis.

That many neuro-muscular affections of obscure origin, but hitherto suspected without proof to be due to central lesions, are unquestionably dependent upon affections of the nerve-trunks themselves, has now been well established by the accumulated facts concerning peripheral and multiple neuritis. The same lines of inquiry are leading to the overthrow of many a case attributed to "functional" derangement. This has never been better illustrated than in a paper by Drs. PITRES and VALLARD, to be found in a recent number of the *Revue de Médecine*. Their subject is the nerve derangements which complicate the course of

tuberculosis. Apart from obvious extension of the tubercular inflammation to the brain and spinal cord, there are numerous instances, especially among the phthisical, of hyperæsthesia and anæsthesia, of neuralgiæ of various regions, of localized muscular atrophy, of vaso-motor disturbances, which have hitherto received no satisfactory explanation, or rather, we might say, which have not been sufficiently studied. The authors named have examined the peripheral nerves in several cases of phthisis so complicated, and have found undoubted evidence of parenchymatous neuritis. In some cases, indeed, the lesions and symptoms are so widespread and severe as to closely resemble the multiple neuritis due to alcoholic poisoning; and it is not always possible to exclude this etiological factor from the case. The conclusions at which MM. Pitres and Vallard arrive are as follows: 1. In the course of tuberculosis as in that of other infective diseases it is not rare for the peripheral nerves to become the seat of parenchymatous changes having the characters of so-called degenerative neuritis. 2. These forms of neuritis are local, and do not depend upon pre-existing lesion of the brain or cord. They are to be met with in subjects whose nerve centres (brain, cord, meninges) and spinal nerve roots are perfectly intact. 3. They may attack indifferently the sensory, motor, or mixed nerves; and may similarly involve the cranial nerves (optic, oculo-motor) the pneumogastric, the phrenic, etc. 4. Their very complex and variable symptomatology is as yet but incompletely known. It is, however, possible to divide them into three groups. The first comprises cases where the neuritis discovered post mortem has been unsuspected during life owing to the serious symptoms due to the development of the tuberculosis (latent neuritis). The second comprises cases in which localized or diffuse muscular atrophy constitutes the predominant symptom (amyotrophic neuritis). The third includes cases in which sensory disorders are produced, as hyperæsthesia, anæsthesia, neuralgia, etc. (painful or anæsthetic neuritis). 5. The frequency of peripheral neuritis in the tuberculous, the variability of its distribution, and consequently of its symptomology, explain the occurrence and clinical polymorphism of the nervous derangements which arise in the course of tuberculosis.

Case of Erythema Venenatum.

Dr. FREDERICK W. PUTNAM thus writes in the *Journal of Cutaneous and Venereal Diseases*:

My reasons for presenting a report of this case are the peculiar clinical history attending it, and the possibility of error in diagnosis.

December 7, 1885, Mrs. F., Irish, of this city, called at my office and said her five-year-old boy had a sore throat, but that he was not very sick, and she wished me to give her something for the throat trouble. I gave her powdered muriate of ammonia, a favorite remedy of mine in such conditions.

The next day I was sent for in great haste. Upon reaching the house, she said that the patient had been vomiting all day, and that he had a red eruption upon his body. He had had only a slight evacuation from his bowels in the past forty-eight hours. He complained of his throat, and had some fever, with a pulse of 120. The tonsils and surrounding structures were simply hyperæmic. I did not note the temperature. His cheeks were not flushed and his skin was not unusually hot. His tongue was covered with a whitish fur, except at the extreme

tip, which looked a good deal like the beginning of the "strawberry tongue." Still the papillæ were not unduly raised. Upon his body was a fine, punctate, but pretty generally diffused scarlet eruption.

The boy had never had scarlet fever, and cases of it were occurring here and there about the city. Here was a case of a boy, five years of age, who never had had scarlet fever, who had some sore throat, who had been vomiting more or less for twenty-four hours, whose tongue was covered with a whitish fur, who had some fever, and who had a punctate and more or less scarlet diffused eruption appearing on the second day of illness. Certainly a very fair clinical history of scarlet fever.

This boy was evidently a comparative stranger to the cleansing influence of soap and warm water, and a fair supply of "mother earth" was adhering to his integument. In arriving at a diagnosis, this admixture of dirt with the eruption had to be eliminated. By selecting a portion of the chest least covered by extraneous matter, I discovered that no line remained after drawing the finger over the surface, even for an instant. I also noticed that the eruption extended only midway up the neck, and did not extend down on the thighs. About the middle of the neck there was a distinct line extending completely around the neck, between the eruption and the healthy skin. Up to this line, the eruption was very prominent; above it, there was no eruption.

The boy had been wearing a new cheap red-flannel undershirt for four days, and I discovered that the top of the shirt and the upper border of the eruption were in the same plane.

I directed the mother to remove the shirt, and the boy made a rapid recovery. I gave him one cathartic dose of hydrarg. submuriat., and small doses of tr. aconite root every half hour for the remainder of the day, and directed him to continue the ammonia.

I believe that the throat trouble was simply a coincidence, and that the systemic disturbance was due to the poison contained in the coloring matter of the shirt.

A Case of Epileptic Vertigo or Automatism.

A paper on this case, by Dr. AYMER, of Bewie, was read by the Secretary of an English medical society recently. The patient, who was a robust, healthy-looking young man, aged 20, first came under observation in May, 1881. So far as could be ascertained, all his organs were normal. His illnesses had been those incidental to childhood, and the only point in his family history bearing on his affection was, that an uncle had been several times in a lunatic asylum. In May, 1881, one night after going to bed, he had what seemed to be an epileptic fit. The face was flushed, the breathing labored; there were slight convulsive movements of the forearms and hands, and the pupils were dilated, but there was no foaming at the mouth, nor twitching of the muscles of the face. In two or three minutes the fits ceased, and the patient rose and walked towards the door. He was prevented from opening it; and, then, turning down the gas, he went back to bed. In a few minutes he regained consciousness, but had no recollection of what he had done. On being questioned, it was found that he had been subject to the affection for six months, during which he had had many attacks. They

usually came on in the evening when dozing by the fireside, or soon after going to bed. He had often gone outside, posted letters, and done many extraordinary things while in this condition. At first, his companions had struggled with him to prevent his going out; but, as he felt bad effects from this, they desisted, and merely followed him. Bromide of potassium in fifteen-grain doses, afterwards reduced to ten grains, was given thrice daily for several months, during which period he had attacks on an average twice weekly. He went out at night frequently, always followed by a friend. So great was his dread of the attacks, that he often worked long after hours to avoid going to sleep in the early part of the night, when the attacks usually came on. In February, 1882, a specialist was consulted, who concurred in the diagnosis of epilepsy, and suggested the use of thirty grains of bromide of potassium, with half a drachm of aromatic spirits of ammonia thrice daily, and $\frac{1}{4}$ of a grain of phosphorus twice daily with meals; also, if there were a warning, the use of strong smelling salts, and a ligature tightly applied to the wrist, or galvanism. He sometimes had a warning; and, if there were time, a wet handkerchief tied tightly round his wrist cut short the attack. His eyes were usually open; occasionally he spoke a little, but would not carry on a conversation, and sometimes he would catch up and carry on an air whistled in the street. The treatment proved eminently satisfactory. After the first week, the attacks diminished in frequency and duration; by the end of April, there was a very marked improvement; and in the middle of June, he was so much better—not having had an attack for six weeks—that he left home for a situation in a large town. In August, the medicines were stopped, as there had been no attack for three months. In April, 1883, he became a commercial traveler, and in less than a month he was again affected, the attacks being more of the true epileptic type, with loss of flesh, but without the automatic condition, and recurring six or eight times in the twenty-four hours. The same treatment was again resorted to, and the attacks gradually became less frequent, and again took on the automatic form. In July, two grains of oxide of zinc were substituted for the phosphorus, and this accelerated recovery, so that in August the medicine was stopped. Since that time (two and a half years ago), there had been only three very slight attacks, and his mental faculties and business capacity were quite unimpaired.

On Cardiac Dilatation About the Age of Puberty, and its Especially Frequent Occurrence in Girls.

In this paper (before an English Medical Society), the author, Dr. Prrr, first read the notes of the case of a girl, æt. 16, who had grown three inches during the preceding year, who worked hard at school, but at the same time was fond of vigorous exercise. For some months she had noticed that on violent exertion she had attacks of dyspnoea, with cardiac discomfort lasting for the rest of the day. Latterly these attacks had been more frequent, and had several times occurred at night, so as to render sleep impossible. She had palpitation, was languid, readily became tired, and had attacks of partial syncope. Menstruation had occurred only once, six months previously, and was scanty. The physical signs were a prolonged systolic apical sound, accentuated and pulmonary, and diffused impulse extending out to nipple line, with slight epigastric pulsation.

The essential feature in the treatment was she should lie down for two hours in the middle of the day, so as to rest the heart. Arsenic and iron were given internally. Six months later she had been free from any symptoms for many weeks. During the past year the author has seen seven similar cases, presenting similar, but less marked symptoms. Six were in girls from 10 to 14, one a girl of 18, one a boy of 14. They had almost all grown rapidly, in none was puberty complete, and in all development was taking place slowly. The author drew attention to the much greater frequency of these symptoms during the development of puberty, especially when it was slowly established. Beneke's observations had shown that whereas the average increase in the heart previous to puberty was 10 per cent. annually, the increase due to puberty was 80 to 100 per cent., and that this increase might be spread over one to three or five years, but that the puberty increase in excess of the annual increment was greater in proportion as the changes were rapidly accomplished. In those cases in which puberty was developed slowly the heart hypertrophied imperfectly, owing to deficient nutrition, and hence there were the cases in which signs of cardiac weakness were frequent. Naturally, the period when the strain is put upon the heart is the one which furnishes the greatest number of failures. Bowditch has shown that up to the age of 11, boys on an average are heavier and taller than girls, but that for the next two or three years girls have the advantage. This more rapid growth of girls at this age, the more rapid development of puberty, and the associated greater blood pressure, render girls at this age much more liable than boys to break down. The symptoms in these cases were due to a halt in the normal developmental process, and hence tended naturally to recovery. When they occur later in life they are usually much more serious, as they imply cardiac degeneration. The exceptions are chiefly cases of unusual muscular strain, and have been noted chiefly in young policemen and soldiers after prolonged drilling, long marches, etc., to which Dr. Myers and others have drawn attention. These tended with rest soon to recover. The cause of these cases as in the ones narrated was a slight temporary cardiac dilatation. The deficiency was mainly one of cardiac tone, and the amount of dilatation was very slight and rarely led even to a systolic apex bruit. The author stated that the cases to which he referred in his paper were exceedingly common, but that their especial frequency about the period of puberty had not, so far as he was aware, been noticed, nor had the explanation hitherto been offered. The group of symptoms due to the cardiac weakness was dyspnoea on exertion, languor, loss of energy, with palpitation and cardiac anxiety; while in extreme cases the dyspnoea was severe, and came on with very slight exertion. The treatment was good food and rest in the recumbent position in the middle of the day, which invariably accelerated their departure.

Iodide of Potassium in Internal Aneurism.

The *Canada Med. and Surg. Jour.* for June says: The undoubtedly marked influence which the iodide of potassium possesses in at least relieving the great sufferings of patients with aortic aneurism is well known. Many have been the hypotheses advanced to explain how this drug acts in the cases where it does good—its beneficial influence being attributed by some to its "antisyphilitic" action, while others consider it due to an "alterative" effect on the coats of the

diseased vessels. That the former is not the true reason is shown by the fact that mercury, a more powerful anti-syphilitic agent, has not any influence in even mitigating the symptoms, and further, the iodide acts equally well in those cases where syphilis, as a factor in the production of the arterial weakness, can be absolutely excluded. That it acts through influencing the nutrition of the arterial walls is unlikely when we consider the inutility of agents possessing as high alterative powers. The evidence that it is through a lowering of the intra-arterial tension that the drug acts, is now, it may be said, fully established.

The success of the treatment essentially depends on bringing about a certain degree of lowered tension. If the lowering is too great it can be readily understood that the progress of the dilatation will be hastened in place of retarded. The lower the tension, the quicker is the action of the heart, and any gain obtained by a diminution in the pressure which the weak spot has to sustain is more than counterbalanced by the more constant pressure which is brought about by the quickened heart. That the normal pressure is too high is, of course, self-evident from the natural history of the great majority of cases of aneurism. We have then to endeavor to find a mean between the normal pressure and one too low. When this mean is obtained, the arterial coats behave, as Balfour puts it, "like a hollow muscle," which hypertrophies when opposed to obstacles with which it is unable successfully to cope. The dose required to

bring about this sufficiency of lowered tension and no more, will vary somewhat in each case. From ten to fifteen grains will be found to be generally sufficient. The quantity is easily ascertained by placing the patient in bed for a few days without any other treatment, and his pulse rate ascertained night and morning for a few days. He is then given ten grains of the iodide three times daily. If the pulse rate remains unchanged the dose is increased to fifteen grains three times daily, and every week an increase of five grains to each dose is made until the pulse begins to rise. When the pulse rate is slightly increased, we have attained the proper quantity. More than that will do harm, less will do no good.

It will be seen, therefore, how important the matter of dosage is in the treatment of aneurism with iodide of potassium. It is to Dr. Balfour, of Edinburgh, that we owe most of our knowledge of the action and uses of this agent in aortic aneurism.

The Connection between Glycosuria and Biliary Obstruction.

Dr. W. T. WYATT thus writes in the *Lancet* May 15: It has been demonstrated by Dr. Wickam Legg, and confirmed by Von Wittich, that ligature of the bile-ducts causes the disappearance of glycogen from the liver, and that after ligature glycosuria cannot be produced by puncture of the floor of the fourth ventricle or section of the cervical sympathetic. It is presumed that the retention of bile within the liver interferes with the nutrition of the hepatic cells, and so prevents them from carrying on their natural function of glycogen formation.

The following clinical case appears to me to support the conclusions drawn from the above-mentioned experiment. A lady, aged sixty, has for some time suffered from glycosuria, and latterly albumen has been present in addition; the amount of sugar excreted usually ranges from ten to twelve grains per ounce, and no material alteration in this quantity occurred when the urine became albu-

minous. The urine has been always highly saccharine, even when a strictly nitrogenous diet was enforced, a symptom pointing to the fact that a too rapid metamorphosis of hepatic glycogen was the probable source of the excess of sugar in this case. A short while ago this patient became jaundiced, the urine containing both biliary acids and coloring matters, and with the appearance of the jaundice the sugar diminished from its usual amount to a hardly perceptible trace, Fehling's reagent, the picric acid and indigo carmine tests, giving almost negative results. The disappearance of the sugar could in no way be accounted for by alterations in diet, for the appetite and manner of living remained the same as usual. In this case, however, there was undoubtedly some obstruction to the bile-ducts, as no bile could be detected passing with the stools, so that a pathological condition was here established analogous in its result to the experimental ligature, for in each case the escape of bile was effectually hindered. If, then, it is correct that the retention of bile within the liver prevents the formation of hepatic glycogen, it necessarily follows that the same retention must greatly diminish the amount of sugar in a case of glycosuria of that type in which the disease is chiefly dependent on a too rapid metamorphosis of glycerin into sugar. In making deductions from a single case, it is well-nigh impossible to separate the *post hoc* from the *propter hoc*; but, at any rate, in this case, coincident with the retention of bile, the amount of sugar excreted fell to zero, and remained so as long as the obstruction lasted—speedily, however, regaining its usual amount of ten grains per ounce as soon as bile was again poured into the intestines.

The whole subject of glycosuria up till now has been elucidated more by the experimental physiologist than by the physician. However valuable such experiments may be, the results obtained from them are often very fallacious, the conditions under which they are conducted in many cases being far removed from anything existing in nature, so that confirmation of such observations by clinical work is always highly satisfactory. Of course the phenomena of this case may bear an interpretation differing widely from that which I have assigned to them; still, I venture to think that the biliary retention being accompanied by an almost entire absence of sugar in the urine was not a mere coincidence, but that the two symptoms were related to each other as cause and effect.

Epidemic Hemeralopia.

The *Med. Record* says: Night-blindness is a symptom met with in many affections of the fundus of the eye, but especially in pigmentary retinitis; but it is also met with as an epidemic condition, especially among soldiers. M. LAVERAN relates that an epidemic of this sort, occurring at Besançon in the spring of 1855, was so severe that it was found necessary to send out parties every day at sunset to lead back to the barracks those who had been overtaken by nightfall and were unable to find their way. The disease never affects officers or those subalterns who enjoy a relative degree of comfort, such as the musicians, but attacks chiefly the common soldiers. It has been supposed that hemeralopia was due to the effect of bright sunlight, or of the reflection from snow or sand; others have attributed it to the sudden lowering of temperature at sundown, and others again have regarded the symptoms as an expression of latent scurvy. It has recently

been asserted that night-blindness was caused by fatigue of the retina, but this does not account for the fact that certain classes only are attacked, and that others who make no less use of their eyes are exempt. M. Laveran classes it among the diseases of alimentation, and thinks it is caused by a deficient supply of animal and fatty foods. Dr. Eugène Martel, in an article of which this is an abstract, published in the *Revue Internationale des Sciences Médicales* of January 31, 1886, says that he has never found any constant changes on ophthalmoscopic examination; there may be a serous infiltration of the retina, a spasmodic contraction of the arteries, venous congestion, etc., but no lesions of such frequent occurrence as to deserve special mention. Weber has noted dilatation of the pupil and epiphora, and the connection of these symptoms with night-blindness seems to be a pretty constant one. Dr. Martel's theory is that epidemic hemeralopia is simply the first stage of sleep, in which the sight is dimmed and the eyelids fall. He says that the affection is observed only in soldiers who are obliged to undergo considerable fatigue, are exposed to the cold, and who receive an insufficient amount of fresh meat in their rations. He relates the case of a man who had attacks of apparent blindness, occurring during the day as well as at night. He could discover nothing abnormal in the fundus of the eye, but, meeting his patient one day in the street, noticed that his eyes were half closed; he could raise the lids perfectly, but did so with a certain effort. Appropriate treatment effected a speedy cure. The results of treatment in hemeralopia also lend some weight to this theory. Cod-liver oil, strychnine, and rest are found sufficient to effect a cure in most cases. The oil removes the condition of inanition, strychnine is a general tonic and muscular excitant, while with rest the patient gets a sufficient amount of sleep and is not troubled with the first unconscious stage of this process as night falls. In a recent number of *Vratch*, Dr. Roussanoff states that all the inhabitants of a little village of Southern Russia, built upon marshy ground, suffer every spring from hemeralopia. As soon as they notice the symptom they begin to take cod-liver oil, and the night vision is usually restored in two or three days. Of all the inhabitants of the village treated in this way, for five years in succession, only two have been found who were not cured by the oil.

Tapeworm Accidentally Removed by Chloroform.

Dr. W. H. BENTLEY thus writes in the *Therapeutic Gazette*: In September, 1885, I had occasion to visit a friend in an adjoining county on non-professional business. As his wife was in ill health, he wrote me a request to bring some medicine. Accordingly, I took along my usual traveling outfit of drugs. At 10:30 p. m. one of my friend's tenants sent his son in great haste to request my immediate attendance. The young man stated that his mother had had chills for several weeks, that a physician had seen the case several times, had "stopped" the chills each time, but they had returned again. Lately, however, she had been using Ayer's ague cure. This, he said, was the first chill during two weeks, and that it had already lasted between two and three hours.

I hastened to the patient to find her gasping for breath, radial and temporal pulse imperceptible. Surface and extremities cold, and the entire person bathed in a profuse clammy sweat. There was evidently no time to be lost, so, calling

for some sweet milk, I at once administered a drachm of chloroform in about an ounce of milk.

The patient began to rally almost immediately, and at the end of forty minutes from the ingestion of the chloroform the circulation appeared normal. I have often administered chloroform during the cold stage in intermittent fever, and I have never known any marked degree of fever to supervene, and this case was no exception to the rule.

At half-past eleven o'clock, a little over one hour from the administration of the chloroform, I gave her 2 grs. podophyllin, 5 grs. bicarb. sodium, and 10 grs. quinine sulph. in half a wineglass of water, directing an ounce of castor oil, with half ounce spts. turpentine, to be given on arising in the morning. The excitement and worry of the occasion kept the family awake so late that they did not arise until the sun was an hour or two high, so the oil and turpentine were not given until 8 a. m. at least. At eleven o'clock I called, preparatory to leaving for home. When I arrived I was told that the patient was "over the vessel." In a short time I was admitted. You may judge of my surprise when I examined the discharge and found a tapeworm thirty feet long.

This is not the first tapeworm which I have removed by means of chloroform, but it is my first *accidental* removal of one.

Hitherto I always gave the chloroform, and followed directly with a large dose of castor oil and a full dose of croton oil combined, supposing that the chloroform only stupefied the worm, but to my mind the details of this case tend to show that it actually kills the parasite. It was dead when passed, and appears, from the statements of the patient, to have been in a coil or knot, for she said it gave her intense pain.

Did the chloroform kill the worm, or did the podophyllin and quinine do it? Could it be possible that it died in consequence of the sickness of its hostess?

I once had an inveterate case of typhoid fever, lasting sixty-three days. The subject was a man, 35 years of age, and the case occurred within a few months after I began to practice medicine. When the patient began to recover, his convalescence was at first extremely tardy. After a few days he began to pass sections of tapeworm with his stools. This continued during several days, and then the head came away. The portions were in an advanced state of decay. I was then afraid to give a cathartic to clear the bowels, lest his diarrhoea might return, so I have since found that I left him exposed to real danger by leaving him so long in retention of the putrid mass.

I have often wondered whether in this case the tapeworm died from the effects of the disease, the medicines, or from starvation.

Albuminuria in Health.

Brit. Med. Jour. says: The occasional presence of albumen in the urine of apparently healthy persons is a fact of no mean clinical importance. The British practitioner is quite aware of the usually grave signification of albuminuria, even when the albumen is scanty, and he is perfectly cognizant of the ordinary chemical test for that compound. Hence, it is important that he, as well as the hospital physician, should not jump to the conclusion that a trace of albumen necessarily means serious kidney disease. Dr. C. VON NOORDEN, of Giessen, has

recently contributed a monograph, *On Albuminuria in Healthy Persons*, to the *Deutsche Archiv. für Klinische Medicin*. He classes "physiological" albuminuria into three groups. In the first group, the albuminuria is generally found in weakly youths between the ages of puberty and twenty, rarely in children, or in adults. The presence of albumen is discovered in these cases, either during clinical statistical researches, or else in persons who send for the medical attendant because they feel faint, weak, or otherwise slightly indisposed. The proportion of albumen differs greatly at intervals of a few hours. It may run up from 0.0 to 0.5 per cent. or higher, in a single morning. Rarely, if ever, is the urine continuously albuminous all day. These conditions are very characteristic of physiological albuminuria, and do not exist in any form of nephritis. The urine is pale, clear, and generally, but not always, of high specific gravity. The albumen is always coagulable on boiling. Occasionally a globulin-like compound has been detected in excess of the serum-albumen. Casts very rarely are found, and if present, they are hyaline, never epithelial. The albumen is always to be found in greatest quantity before noon. In some cases of physiological albuminuria, no abnormal general condition could be found; in others, muscular pains, errors of diet, or mental excitement, have been observed and assigned as causes of this condition. No evidence of renal disease has ever been proved, nor of altered conditions of the blood. Dr. Von Noorden believes that it is more likely due to blood-changes themselves, possibly caused by slight renal disease, than to disturbed filtration in the tubuli uriniferi, as Leube has suggested.

In the second class of cases, mucin is present as well as albumen. In this class, again, the albuminuria is most marked before noon. The mucin might be derived from the lower part of the urinary tract, or from the kidney itself. The proportion of albumen is very variable and much influenced by bodily exertion. In raw recruits it is most abundant after heavy drill. Dr. von Noorden believes that this class represents mild vesical catarrh.

The third class of cases, on the other hand, appears to represent slight renal catarrh, insufficient to cause the general and local symptoms of renal disease, just as, in the second, the subjective signs of cystitis are present. In striking contrast to the first class, the albuminuria may last for a whole day and then disappear, or may be found only before noon, yet in regular, but very small, proportions. No mucin can be detected, but hyaline and sometimes epithelial casts, and even red corpuscles, are generally present.

The first class is evidently the purest kind of "physiological" albuminuria. Yet this term is still questionable, for a trifling amount of disease in the genito-urinary apparatus is a more probable cause of the condition in question than any unusual "physiological" tissue-change, caused by exertions after heavy meals, etc. Physiological albuminuria, then, must be held to imply albuminuria in persons who appear to be otherwise healthy, though local disease is, in all probability, present to an extent insufficient to produce any other symptom.

A Case of General Seborrhœa or "Harlequin" Fœtus.

Before an *English Medical Society* this case was presented by JOHN BLAND SUTTON, F. R. C. S.:

The case was a typical example of what is usually known as the "harlequin":

fœtus. Although the condition was a very rare one, it had received a variety of names; but as the term general seborrhœa expressed the pathology of the disease, and that of "harlequin" fœtus was an excellent clinical expression, both had been retained. Details of the microscopical characters of the skin were given, and an argument was furnished for regarding the affection as being due to abnormal formation of the vernix caseosa, which, instead of being shed into the amniotic fluid, formed concrete masses which adhered to the skin. The paper ended by an appendix containing references to all the recorded cases known to the author.

Dr. T. Colcott Fox wished to join issue with Mr. Sutton on one point, namely, how far it was justifiable to call this affection a seborrhœa. In his opinion, it was not a seborrhœa, but a disease of the skin alone. The cases which came under the class of seborrhœa did not by any means all die, but the disease which produced these "harlequin" fœtuses was invariably fatal. It was, in fact, a purely developmental novelty of the epidermis, as Kyber had pointed out in his elaborate monograph, in which the old scales of the epidermis remain on the surface, and gradually accumulate into a horny layer. Charles Robin had come to the same conclusion after a careful examination. It was possible there might be some fatty accumulation among the scales of the epidermis, but not much; in fact, the sebaceous follicles had generally atrophied, and Kyber indeed had thought his observations proved that the disease sometimes began before the development of the sebaceous glands. It was generally taught that ichthyosis did not come on till at least a few weeks after birth; but he had known a case in which the child had been born ichthyotic. The "alligator" fœtus, which had been often shown publicly, was possibly "harlequin," possibly ichthyotic. His own conclusion was that the two states were of the same nature; that the "harlequin" fœtus was a rare case of ichthyosis beginning early in fœtal life.

Dr. H. R. Crocker agreed in the main with Dr. Colcott Fox. No variety of seborrhœa was serious to the life of the patient; the skin below the sebum was generally quite healthy, but in this case it was very different. Hebra had remarked that there were no enlargements of the papillæ in the "harlequin" fœtus; in this case, however, the papillæ were greatly enlarged by long growths downwards. The epidermis was immensely thickened in its horny layers, and the hairs were lost in the sebum covering them, which he took to be epithelium, and not fat, so that the old name of ichthyosis congenita he took to be appropriate to this case.

Dr. Charlewood Turner, on the strength of an examination which he had made of a similar "harlequin" fœtus some years ago, was disposed to agree with Dr. Fox and Dr. Crocker that the accumulation on the surface was of epithelial scales. The covering so formed was split by the tension of the matter within, as the bark of a tree was split by the growing trunk. That it was so formed was shown by the thinning of the matter at the cracks. The follicles he had found atrophied, and the true sebum extremely defective.

Dr. Walter Griffiths remarked that one theory of the origin of the liquor amnii was, that it was derived from the skin of the fœtus, and asked if any abnormality of it had been observed in this case.

Mr. Sutton observed that he was quite prepared for much difference of opinion as to the nature of the skin and its covering in his specimen, for, out of the

twenty cases of which he had collected notes, he had only found three observers who held exactly the same theory. His object had been merely to detail the results of his own examination, which showed a mixture of vernix caseosa and epidermis in the flakes on the surface, and especially on the scalp, where it looked as if it had certainly been plastered on to the skin, and it had been produced at a time when the sebaceous glands were particularly active, namely, between the fourth and eighth month. Of the liquor amnii he could give no information, as the child was born before the medical man reached the house.

Physiological Effects of Massage.

Dr. F. GOPADZE has published a series of observations undertaken with a view to determine the effect of massage on the transformation of the nitrogenous principles of food. He has investigated the history of the subject, and finds traces of it in a Chinese work 3000 B. C. Dr. Gopadze finds that though there has been a general tendency amongst authors to assume that massage increases the assimilative power, no exact observations on the subject have hitherto been published. He therefore obtained the co-operation of four medical students, who for three consecutive weeks became inmates of Professor Manassein's clinic, and lived on certain articles of food—bread, milk, soup, veal, and roast beef, the quantities ingested being accurately noted. The nitrogen in all the samples of food, and in fæces and urine excreted, was determined by the Kjeldahl-Borodin process. Massage was practiced for from twenty to twenty-five minutes once a day two or three hours after food. The operations were commenced by *effleurage*, beginning from the extremities and working towards the centre. This was followed by *massage à friction*, *pétrissage*, *tapotement*, a second *effleurage* of each part concluding the whole. The temperature was subsequently taken, and in some cases sphygmographic tracings. In all four cases the appetite was decidedly increased, not only during the week in which massage had been practiced, but after it had been stopped; thus, one of the subjects took an average daily quantity of 24.95 grammes of nitrogen during the first week, 30.97 during the second or week of massage, and 29.57 during the third week. Similarly the amount of nitrogenous transformation was augmented during the continuance of massage in all four cases. The augmentation persisted in two of the cases, but in the other two the transformation was less during the third than during the first week. In case 1 the nitrogenous transformation was increased 3 per cent. during the second week and 1 per cent. during the third. In case 2 it was increased 1 per cent. during the second week, but diminished 11 per cent. during the third. In case 3 it was increased 3 per cent. during the second week, but diminished 10 per cent. during the third. In case 4 it was increased 4 per cent. in the second week and 3 per cent. in the third. The quantity of nitrogen assimilated increased in all four cases, independently of the amount of food ingested. During massage two of the subjects gained slightly in weight, the other two losing weight; but during the week following the one in which massage was practiced all four gained. The axillary temperature decreased for about half an hour after the operation to an extent varying from 0.1° to 0.5° C., after which it began to rise, attaining its original figure, or from 0.1° to 0.3° below it, about an hour after the end of the *séance*. The respirations became more frequent, and were of a deeper character.

The effect on the pulse varied with the character of the massage. When this was carried on lightly, the pulse became more frequent; but when the manipulation was more forcible, the pulse became slower. The effects in both cases persisted for an hour or more after the termination of the operation. In conclusion, the author suggests that massage should prove useful in chronic gastro-intestinal catarrh, in chronic constipation due to an atonic condition of the intestines, also in various cases where there is a lack of tone in the abdominal muscles. He also thinks that the practice of massage should be a subject of instruction not only in the Military Medical Academy of St. Petersburg, but in all the medical faculties of the empire, and in the institutions for training "feldshers"—a semi-educated class of men who act as hospital sergeants, and after retiring from the army are put in charge of village communities where there is no medical man.

The Significance of Octahedral Crystals of Calcium Oxalate in Urine.

Dr. JAMES CRAIG thus writes in the *Practitioner*: The writers of the latest treatises on renal diseases, state that so long as the crystals of calcium oxalate assume the octahedral shape, and are found only in small numbers, they do not indicate a departure from health nor call for special treatment.

The reasons they give for arriving at this conclusion, I submit, are not convincing. They state that "intense oxaluria may exist persistently without evoking the group of symptoms attributed to the oxalic diathesis." This may be so, but I have frequently found that when even highly intelligent people, who were suffering from oxaluria, said that they had none of the usual objective symptoms, a careful inquiry elicited a more or less typical group. One example, a gentleman with oxaluria and some of the usual symptoms, asserted that he never suffered from depressed spirits. His friends, however, told me that he frequently did so, and that on such occasions his favorite expression was, "Is life worth living?"

It is stated that the octahedral crystals do not cohere and form calculi. I have frequently seen from three to seven octahedral crystals cohering in urine, and I have so often observed symptoms of renal colic co-existing with the presence in the urine of oxalates, especially when of large size or cohering, or of the shape figured and described by Dr. Aitken in his *Practice of Medicine* as compound octahedra, that I believe the colic in these cases was caused by the irritation set up by the cohering octahedral crystals during their passage along the renal canals.

It seems certain that the octahedral crystals are never found forming the nuclei of what might be termed naked-eye calculi. This may be because the octahedra after cohering are so influenced by the colloid mucus holding them together, that they become spheroidal. There is no doubt that these octahedral crystals alter in shape after their formation. Recently I found in the urine of a person suffering from oxaluria that three-fourths of the crystals had a notch at one of the four corners as seen under the microscope, this absent piece amounting to from about one-sixteenth to one-sixth of the entire crystal. After allowing the crystals to remain three days in the urine I found that the notch was filled up, and that the crystals were regular octahedra. In other cases I have seen the octahe-

dral after being kept a week in urine become more or less spheroidal. This takes place only in the urine of some people, and only in certain specimens.

The frequent co-existence of oxalates with functional albuminuria leads one to believe that the albumen in some of these cases may be due, at least in part, to the oxalates damaging the cells of the tubules; and this idea is further supported by the fact that the precipitate obtained by the addition of nitric acid to the urine of these patients is whiter and more flocculent than true serum albumen, and also more readily soluble in an excess of that acid. The further progress of these cases moreover seems to indicate that the albumen was due to removable mechanical causes. I think therefore that removal of the condition that causes the oxalates to appear in the urine should be kept in mind when treating these cases. That octahedral crystals of oxalates are not in the majority of cases accompanied or followed by serious organic disease, does not lessen their diagnostic value nor lend support to the theory that they neither indicate a departure from health, nor call for special treatment. On the contrary, their appearing in urine occasionally and in small numbers before they have originated an irremediable condition increases their value as an indication for treatment, and experience shows that, if left untreated, in a percentage of cases more or less serious consequences will ensue.

As regards treatment I would state that when combined with the usual attention to diet, hygiene, etc., advised for this diathesis, the mineral waters of Contrexéville yield the best results. The improvement does not depend simply on the dilution, as drinking an equal quantity of distilled water is not by any means equally beneficial.

The Treatment of Hæmoptysis.

Dr. H. T. BATCHELOR thus writes in the *British Med. Jour.*: In considering the treatment of hæmoptysis, one naturally looks for the cause; but I think in the cause ought to be included the liability to bleed in the individual, that is, the constitutional liability, as well as the reason why he bleeds from the lungs. Bleeding is by no means an unfamiliar accident to which mankind is liable; but if we could select our bleeding ground, it would not be the lungs. But bleeding in itself ought to be regarded chiefly as an expression of a diathesis, whether it come from the nose, lungs, stomach, rectum, kidneys, or uterus; an expression of a diathesis aggravated probably by some error in diet or other temporary cause. I am not now referring to bleeding from ulcerated lungs or stomachs, etc., where a vessel is opened, and the treatment would best be met by a ligature if we could only apply it, but to the hæmorrhage which occurs suddenly in a person in good health, and from an apparently healthy mucous membrane. The diathesis which underlies the tendency to bleed has, by Mr. Jonathan Hutchinson, been shown to be the gouty. Fothergill's definition of gout is: "Gout is hepatic reversion—the formation of primitive urine products by a mammalian liver." If these two statements be accepted as correct, it follows that bleeding is due to functional derangement of the liver, or, to put it differently, dissolution from its normal and healthy development or imperfect evolution.

Now, I firmly believe that the tendency to bleed occurs with the gouty diathesis; and that the excess of uric acid in the blood, and the locality of the bleeding,

are due to individual peculiarities. Most people in youth inheriting this diathesis bleed from the nose; later on in life, from the rectum or uterus; some of them from the lungs. Now those who do so from the lungs need not necessarily descend from phthisical ancestors; a badly formed thorax, interfering with due expansion of the lungs, may be a sufficient cause. But, apart from such considerations, and to come to treatment, I think such people are best cared for by being dieted. Alcohol and meat are pernicious. But supposing such a person has an hæmoptysis, saline purgatives, diuretics, and diaphoretics, will best meet the case. But as these people are always very nervous, it is necessary to administer a nervine tonic. Opium may also be given; cannabis indica is almost better. I quite agree with Dr. Samuel West in his remarks on profuse hæmoptysis published in the *British Med. Jour.* of January 16th, 1886.

It is to my mind often amusing to read the experience of some as to the value of a particular remedy in the treatment of bleeding. It seems to be forgotten that bleeding naturally ceases when the vascular system is adequately reduced. This is Nature's method of saving the patient, and we cannot do better than imitate her. Bleeding, therefore, or dry cupping, or depressants, ought to be effectual aids as applied by us. Certainly, astringents imbibed cannot hold out much prospect of doing good. And as iron and opium also do not agree with these gouty people if continuously used, much care ought to be exercised in prescribing them.

Iron and digitalis I believe to be a particularly obnoxious combination. A man has an hæmoptysis, we will say, and he is given such a mixture. It is supposed that it stops the bleeding, whereas I believe the bleeding has stopped naturally. He continues with the mixture to prevent a recurrence, with frequently unhappy results. The iron impedes still more the already imperfectly acting liver, and the digitalis increases the tension in the already wounded vessel. It follows, then, that a recurrence may be naturally expected. Then, as to the bleeding from the lungs, the danger does not lie in the amount lost, but in the irritative changes it induces in the lung-substance. Now, it is believed that the cough must be allayed (and, to do this, opium is usually given), in order to prevent more bleeding. If it be accepted as true that the bleeding naturally tends to cease, I think we ought not to do anything to interfere with the expectoration of the effused blood. I am certainly of opinion that, if it be necessary to give opium continuously, in order to stop more bleeding, although the patient may not die of hæmoptysis, he assuredly will eventually of lung-inflammation. To give opium is truly a barbarous way of treating lung-affections. In order to explain an apparent discrepancy with a former statement, when I said that opium might be given to allay the vascular and nervous tumult, I wish to say that a single dose may be given for this object, but the continuous administration is hurtful. As I said before, I believe cannabis indica the better of the two for this purpose.

Are Antipyretics Safe?

The *Med. Age* says: Years ago an old practitioner who was noted rather for his success in treating disease than for the more showy acquirements which are now-a-days held necessary to professional distinction, shocked us somewhat by his condemnation of the antipyretics which we were giving to a case of scarlatina.

"But, doctor," we remonstrated, "the temperature is 105° F. What would you do with such a temperature?" "I don't know anything about temperature," he replied. "I never owned a thermometer. All I know about these cases is that the hotter and dryer my patient's skin is, the more certain I am to pull him through." This was of course, old fogysm run mad, and our contempt for this old man, notwithstanding the "bull-head luck" which seemed always to attend him was, supreme. With the lapse of years, however, we have, time and again, been almost persuaded that there was method in the old man's madness, although we didn't exactly know how to reconcile it with the ruling views on pathology. The teachings of BRAND and LIEBERMEISTER have for a quarter of a century been so generally accepted, that to question them would subject the questioner to ridicule, and the end of treatment in fever has been to get rid of the heat—to reduce the temperature. While our old friend's belief that a high temperature is auspicious, is perhaps, and probably, not tenable, there are those (and their number is increasing) who believe that there are worse things than heat in fever, and that the patient's prospects are better when his system is not surcharged with the drugs which modern medicine gives to remove that heat or to prevent its generation.

In an article on the use of antipyretics in the *Medical Record*, Dr. A. A. Smith questions the advisability of giving the agents of this class in the enormous doses which have latterly become fashionable. In very, very rare instances would he advocate the use of the cold bath. He believes that all the good to be obtained from the bath can be obtained by milder and less objectionable methods. Cold sponging, wet pack, ice to the head, the cautious and short-time use of the cold coil, and the careful use of ice-water rectal injections, will, in the very large majority of instances, accomplish all that the bath does in the way of good, and are attended with the minimum degree of harm. The greater benefit, in the cold applications, he holds to be not the reduction of temperature, but the profound modification in the functions of the nervous system (especially the vaso-motor). It is not always agreeable to patients (if they have their senses sufficiently to recognize distinctions), to have cold applied. Especially is this so with children. But very few patients will object to the application of tepid water by means of sponging, or cloths, or the wet sheet. He has succeeded in even reducing the temperature more decidedly by the tepid applications than the cold ones. Certainly, the effects on the nervous system are, as a rule, more beneficial, and these beneficial effects on the nervous system always affect favorably the progress of the fever. Some observers have even gone so far as to assert that almost all the beneficial effects of baths, whether cold or warm, are due to the restoration of the functions of the vaso-motors in the cutaneous capillary network, which are so profoundly disturbed in fevers. If this be true, then the tepid applications ought to influence the progress of the fever more favorably than cold ones.

Quinine in small doses increases the strength of the circulation; just how, we do not know, unless it be by its stimulating effect on the nervous system.

In large doses it diminishes the blood-pressure, by weakening the heart, and partly by paralyzing the vaso-motor center, thus causing dilatation of blood-vessels.

The heart's action is weakened by large doses of quinine, from its action on

the motor ganglia, and probably also on the muscular fibers of the heart itself. In a discussion before the New York Clinical Society, two years ago, Dr. Smith raised his protest against the large doses of quinine in certain stages of fevers, and in any case with cardiac enfeeblement, as being possibly dangerous, and need only refer to such possibility here. Then we have the salicylic compounds—salicylic acid, etc., and the aromatic series, as represented by kairine, resorcine, thalline, hydroquinone, etc.—and the last, a nondescript, antipyrine. It is an agent which thus far gives better results than any other. It will reduce temperature in almost every case. It has already, with many, displaced cold and quinine. In some instances it produces nausea and vomiting, and occasionally cardiac depression, but those unpleasant symptoms have been produced only by very large doses. During his early use of it Dr. S. followed the plan suggested by the German observers, and gave it in large doses, thirty to forty grains every hour, until there was a decided fall of temperature. Now, he finds it necessary only to give ten to fifteen grains, ordinarily, to reduce the temperature two or three degrees. It seems certain that any antipyretic used to the point of producing great variations in temperature might produce unfavorable symptoms, visceral engorgements among the rest. If we would always resist the temptation to cause too great a fall of temperature, even though it be high, we would be more likely to produce good effects and less likely to do harm.

Phosphorated Oil in Intermittent Fever.

Having tried a number of substitutes for quinine in the treatment of malarial fever, Dr. SOTCHINSKY (*Vratch*, No. 16, 1886, p 293) obtained the best therapeutic results from the use of oleum phosphoratum in the shape of an emulsion (ʒj. to ʒvj., a tablespoonful three times a day). No unpleasant effects were ever observed. The drug is cheap. Tincture of iodine, tincture of eucalyptus globulus, Fowler's solution, cinchonine, and resorcin, never acted so well as phosphorus.

VI. OBSTETRICS, DISEASES OF WOMEN AND CHILDREN.

Incontinence of Urine Caused by Nasal Stenosis.

Dr. ZIEM, *Journal de Médecine de Paris*, confirms the statement made by Dr. Major, of Canada, that nocturnal incontinence of urine occurs very frequently in children who are forced to breathe through the mouth by reason of some nasal obstruction. He rests his assertion upon some cases recently observed by him, and he regards it as very probable that the infirmity might be cured by the re-establishment of the normal mode of respiration. The author endeavors to explain the relation existing between buccal respiration and nocturnal incontinence of urine by regarding the latter as due to insufficient hematosiis, and a consequent accumulation of carbonic acid in the blood.

Acute Rheumatism in Mother and Child.

Dr. SCHAEFER reports in the *Berliner Klinische Wochenschrift* of February 1, 1886, of a woman who gave birth to a child while she was suffering from an attack of acute articular rheumatism. Delivery was speedily accomplished, but had no apparent influence upon the course of the fever nor upon the articular affection. Five days later the infant was also seized with fever and a painful swelling in several of the joints. The course of the disease in both mother and child was a very protracted one, and rebellious to the action of the usual remedies. The writer believes that the disease in the child was due to infection from the mother during intra-uterine life, and regards the case as conclusive proof of the infectious nature of acute articular rheumatism.

Normal Vagina Ending in Blind Pouch.

Dr. JAMES R. CHADWICK thus writes in the *Boston M. and S. Jour.*, June 3: On March 6, 1883, I was called to see a woman in consultation with Dr. W. H. Wescott, of Field's Corner. She was thirty-seven years of age, but had never menstruated, though she had had pelvic pains and headache every month with the utmost regularity. She had been married twelve years, and the husband made no complaint of his wife's inability to fulfill her marital duties. The external genitals were normal; the vagina was of normal calibre and length, but terminated in a blind pouch, beyond which could be felt an irregular-shaped body, nearly as large as a fist, with a projection toward the vagina simulating the cervix uteri. She sought relief from the regularly recurring pains; as these were not severe and she was otherwise in perfect health, and thirty-seven years of age, as there was manifestly no retention of menstrual blood, I advised against operative interference, owing to the possible danger of opening the peritoneal cavity and the

small chance of relieving her pains, which were probably of ovarian not uterine origin. My advice was followed, and she has since been in her usual health.

Therapeutics of Uterine Hemorrhage.

MENDES DE LEON reports in the *Arch. f. Gyn.* (xxvi. p. 147) his success with the use of *Hydrastis Canadensis* in various forms of uterine hemorrhages. In fourteen cases the drug was given four times daily in 20-drop doses fourteen days before menstruation, and asserted its reputation (1) in menorrhagias, (2) catarrhs of uterus, (3) chronic inflammation of the pelvic connective tissue, (4) retroflexion, (5) version of a fixed uterus, (6) climacteric hemorrhages.

As an explanation of the therapeutic effects of *Hydrastis Canadensis* our author points to the general vascular contraction and subsequent diminished congestion of the genital organs. But in a few instances undesirable after-effects set in; twice grave nervous symptoms, such as delirium and unconsciousness, were noted.

A Simple Method for the Treatment of Chronic Uterine Catarrh.

Dr. KUGELMANN (*Zeitsch. für. Ther.*, No. 21, 1885,) states that he has frequently obtained relief in nasal catarrh through the inhalation as a snuff of finely powdered iodoform deodorized with Calabar bean, and this success led him to the employment of iodoform, blown into the uterus, as a treatment of chronic catarrh of that organ. The vagina is first washed out with water, then with three per cent. carbolic acid, and then dried with cotton. A male catheter is then filled with the proper amount of iodoform, and, after being suitably curved, is introduced into the uterus, and the powder blown out by means of a rubber bulb, which may be readily attached to the end of the catheter. In the removal of the catheter, care must be taken not to allow the bulb to expand until the catheter is entirely withdrawn, otherwise the powder will of course be sucked again from the cavity of the uterus into the catheter. The only precaution necessary is to have the catheter entirely dried, otherwise the powder will of course stick to the tube and cannot be blown out. The process may be repeated twice weekly. Dr. Kugelmann states that he has invariably been satisfied with the results.

Ether Irrigations in the Vomiting of Pregnancy.

MENDEL (*Archiv. de Tociologie*, September, 1885,) reports the case of a young woman, pregnant with her first child, of feeble constitution, who had frequent vomiting from the second month of gestation. At the fifth month the vomiting became more persistent, and was accompanied in the interval with nausea, fainting, and general malaise. In a few hours they became so frequent that they succeeded without interruption, producing syncope, absolute prostration of power, noises in the ears, chills, cold and profuse sweats, frequent and filiform pulse. Her life was manifestly in danger. Means the most varied to arrest this vomiting had been employed without result. In their turn antispasmodics had been used (ether, valerian, musk), then opiates, chloral, carbonated and iced drinks; iodine, internally and externally; blisters upon the epigastrium, hypodermic injections of morphine, ether, etc. Ultimately irrigation of ether upon the epigas-

trium was tried. The effect was instantaneous. A single irrigation sufficed to cut short the vomiting. The patient drew a few long breaths, said she was cured, and felt perfectly well. Later the vomiting returned twice, and each time the ether irrigations arrested all trouble.

The Pathology of Erosions (so-called) of the Os Uteri.

Before the American Medical Association Dr. E. W. CUSHING, of Boston, read a paper on this subject.

The pathological propositions advanced were as follows: That the customary division of erosions is erroneous. That the views advanced by Ruge and Veit are essentially correct. The pathology of ectropion was also considered, and exception taken to the views of Emmet as to the relative importance of lacerations in causing the eversion.

Dr. Cushing stated that the glandular formation in the mucous membrane is the immediate cause both of the symptoms and of the eversion; that the condition spreads far over the cervical tissue, which should be covered by flat epithelium. He describes the manner in which these new-formed glandular cavities become cancerous and invade the surrounding parts, and advised in general that erosion when not yielding readily to medical local treatment, be freely curetted, or if inveterate and recurrent, be thoroughly exercised.

Dr. A. C. Miller, of Ohio, thought the pathological conditions of the cervix described by Dr. Cushing, were referable to the bloodvessels of the part. The vessels are frequently varicose. He had effected cures by putting a small rubber band around the neck, near the vaginal insertion. These pathological states of the cervix are examples of malnutrition.

Anteflexion and Double Ovaritis Cured by Repeated Leeching of the Cervix Uteri, and Afterwards by Galabin's Anteversion Pessary.

Dr. HAYGARTH ADDISON thus writes to the *Brit. Med. Jour.* (May 15): Mrs. R. came under my care a year and a half ago. She suffered much from mental delusions, and was unable to walk from excessive pain. The patient, for some days, was kept in the recumbent position; and, when the inflammatory symptoms had to some degree subsided, an examination, by means of the speculum, etc., was able to be made. A very much hypertrophied anterior lip was disclosed, and a digital examination showed a very severe anteflexion; this was so great that it caused distressing bladder-symptoms; defæcation also caused a great amount of suffering. The treatment, which lasted nine months, was at last followed by a most happy result. The patient is now enjoying the best of health, with no probability of the return of the old malady.

She was leeches, altogether, fifty times, at repeated intervals; and, after the first three weeks, an anteversion pessary was introduced. This could not be tolerated; and, after a further rest in the recumbent position, another attempt was made—this time with success as regarded the toleration, but it failed to keep the uterus in position. Nearly every known pessary was tried, with no better success. Then I bethought myself of that invented by my old teacher; it acted like a charm, the patient being now able to get up, and take short walks. The

menstrual flow, which had been suppressed for two years, was now re-established, and the patient rapidly recovered.

Nodding Spasms (Spasmus Nutans).

To the Harveian Society of London, Dr. STEPHEN MACKENZIE exhibited two infants, aged respectively 9 and 15 months, each presenting a series of more or less rythmical movements of the head, partly consisting of a nodding of the head forward, and partly of a rotatory movement, the latter being more marked in one case than in the other. In each, there was nystagmus, which, in one case, was almost entirely confined to one eye. This was increased, or evoked if absent, by restraining the movements of the head. In both cases, the nodding movements came on without apparent cause, and ceased during sleep. The condition has been well described by Henoch. It occurred especially during the dentitional period, and usually terminated spontaneously, often after the eruption of a tooth.—Dr. Buzzard described a case of rotatory movement of the head, with unilocular nystagmus. The fundus of the eye was normal, and the case improved under bromide of potassium.—The President thought that the movements were allied to those seen in the chorea of dogs, which had been shown to be due to affections of the anterior cornua.—Dr. Gairdner (Glasgow) observed that the cases were new to him. He related a remarkable instance of nodding and rotatory movements of the head in a young girl, ultimately proved to be due to deception, which for years had defied detection. In these cases, hysteria was out of the question.—Dr. Bristowe related two cases of movements of the occipito-frontalis, which had been described as nystagmus of the muscles. Both had recovered.

Sterility Due to Uterine Displacements.

In a recent lecture M. PAJOT says: "Another cause of sterility in women has often been, and still is, turned to profitable account by the quacks, and, unfortunately, also by doctors who prefer their own interests to those of science. This cause is uterine displacement . . . Two years before the war I received a visit from an Austrian lady, who had an extreme retroflexion, for which she had consulted nearly all the doctors in the world, and they all, except Scanzoni, had told her that under the circumstances pregnancy was impossible. She menstruated regularly and painlessly. I told her that if the menses could pass out other things could pass in, and that her displacement was not a hopeless obstacle to conception. A week after I saw her she became pregnant, and was subsequently confined naturally, after which I kept her in bed till her menses reappeared (three months), and succeeded in producing a perfectly straight uterus, of which I was very proud. A year later the displacement was as bad as ever, but that did not prevent her from having two or three more children. This fact puts those who, with much ado, try to replace the uterus by special instruments, quite in the wrong. This is all useless; the best replacer of the uterus is pregnancy. A displacement cannot be considered as a disease; it is an infirmity, and moreover, an infirmity easy to be borne. It is said that it causes grave inconveniences to women. For my part, I declare that if women had not been told by the doctor or midwife of their condition they would never suspect it, so little does it annoy them! It is only in cases of considerable descent, which weighs heavily and drags, that a displacement is a real inconvenience."

A Method of Treatment of Peri-uterine Hematocele by means of Negative Galvano-Puncture.

At a recent meeting of the *Association Francaise pour l'Avancement des Sciences*, APOSTOLI described this method as follows:

The chemical-caustic action of the continuous current is utilized in making an opening into these tumors. The opening thus made is, in character, a non-retractile fistula, with tendency to remain open, and with adhesions between the pathological cavity and the external mucous membrane. The depth of the fistula varies with the intensity of the current strength. The advantage of this method is that, on account of the adhesions formed, the danger of opening is lessened, and the cicatrix left by the negative eschar is slight and non-contractile. A further after-effect of this method of utilizing the chemical caustic action of this current is that the nutrition of these pathological cavities is modified, leading to rapid retrograde metamorphosis. Apostoli has treated one case by this method, and the excellent result obtained leads him to the following general conclusions: The method is safe, quick in action, and modifies the usual prognosis. The method is, in action, double—it has a surgical effect and a medical effect. It is applicable alike to hematocele, abscess, fibromata, interstitial myomata, extra-uterine cysts.

Purulent Endometritis during Pregnancy.

This disease subsequent to confinement is an ordinary occurrence, but till the present time no case has been recorded of its existence during pregnancy. A woman, aged 27, in whom menstruation had occurred since the age of 14, and whose history showed no syphilitic infection or other constitutional disease, entered the clinic at Leipsic, where pregnancy at term was diagnosticated. Labor was rapid and easy. The amniotic fluid was of a dark green and yellow color, and contained numerous pus corpuscles. Examination of the placenta and its membranes showed the presence of adhesions and an unnatural condition of the amnion and chorion, between which pus was found. Upon the borders of the placenta the true decidua were infiltrated with traces of thickened pus, and the decidua reflexa were likewise infiltrated with pus. There was no trace of the gonococcus, and it was evident that the purulent process had begun both in the uterine and ovular decidua. The purulent cells were found scattered between the membranes, and had given rise to small abscesses. As to the cause of the condition, it may in part be attributed to blenorrhagic infection and partly to attempts to produce abortion. The patient for a long time had been affected with leucorrhœa, and presented other physical signs of endometritis. The chief interest in the case is, however, the fact that purulent endometritis could exist during pregnancy without interrupting its course.

Connexion Between Splenic Tumor and the Uterine Functions.

Dr. SKORCZEWSKI describes in the *Przegląd Lekarski*, a Polish medical journal, a peculiar case of splenic tumor which had a distinct relation to the generative organs. A woman aged twenty-six, after a difficult labor four years ago, experienced pain in the left hypochondrium, and in the course of a few days noticed a

tumor in the abdomen, which rapidly attained to the size it was when first seen by Dr. Skorczewski. It then occupied nearly the whole abdomen, being of an ovoid form, the long axis being transverse. It was hard, with smooth thick edges, and could be displaced upwards to the extent of a hand's-breadth above the symphysis pubis. The urine was normal; also the number of blood corpuscles. Quinine and arsenic produced no effect. Electricity was then tried, and after a course of the interrupted followed by another of the constant current, occupying together some three weeks, the tumor had diminished so much that when pushed up under the left ribs, it only extended about a hand's-breadth below them. The patient's general condition, too, had become decidedly better. Menstruation, lasting four days, then occurred, and simultaneously the tumor again increased to its original dimensions, and the woman's general condition became worse. Neither electricity nor other methods of treatment which were tried, produced any fresh diminution in the tumor or any improvement in the general condition. The connection between the splenic tumor and the functions of the generative organs was evident enough, but no explanation of this connection seems to have suggested itself to the author.

Inversion of the Uterus Following Labor.

Mr. C. H. BUTLIN describes the following case in the *Brit. Med. Jour.*: On December 15th last I was summoned, in a great hurry, to see a woman who was said to be very low. The child was said to be born. I asked if there was profuse hæmorrhage; the messenger said there was not. When I arrived at the house, I found the woman pale and faint, but there was no sign of profuse hæmorrhage. I placed my hand upon the abdomen, and at the same time made traction on the cord; and in a few moments there protruded what I supposed to be the placenta. I placed my hands around it so as to remove it entire, telling the woman to cough; and became aware, from the weight and from the smooth feel of the fundus, that it was the uterus. It was very easy for any person in the habit of attending cases to distinguish, but I can hardly see how a beginner would become aware, except from the collapse of the patient. I could not remove the placenta by traction of the cord, and I peeled it from the surface of the uterus. There was hardly any hæmorrhage. I now soaked my arm in hot water, and applied lard, and then made my fingers into a cone, and thrust them against the uterus, which had attained the size of the foetal head, and, by a gentle kneading motion, easily returned it by reinverting it, until the cervix was round my wrist. I had now to use pretty much and rather prolonged, force, before I felt the top of the uterus slip away from my fingers.

The woman had a little brandy and water, and about half a drachm of extractum ergotæ liquidum; also another dose of the same amount in two hours. In a few days she was down stairs and doing her work. I should not think the case sufficiently important to publish, but the disastrous termination of that recorded in the *Journal* of March 13th seems to show that your correspondent fell into the same error as I did, namely that of making a depression in the uterus, and and thus causing it to be invaginated on itself. His account does not state whether there was partial reduction or not; but I can imagine that it might be very difficult to effect even partial reduction through the vaginal outlet, unless

the whole uterus be grasped in the hand so as to have the advantage of compression, kneading, or whatever manipulation appears necessary. After partial reduction, the uterus would only be obstructed by itself, not by the structures around the vagina.

Pulmonary Embolism with Recovery.

KENEZY, of Buda-Pesth, reports (*Centralblatt für Gynäkologie*, 46, 1884) the following apparently well-established and very interesting case in a lying-in woman: B. A., aged twenty-seven, confined of twins. The patient had first menstruated at the age of seventeen, and was irregular. First labor normal. Three hours afterwards a second delivery, which also proceeded naturally. The patient, on being moved into a clean bed, was seized with great difficulty of breathing, a feeling of oppression, and, after the lapse of some minutes, a violent attack of smothering. At the same time her face and lips became livid, a few streaks of blood showed in the expectoration, and there were pains in the chest, retching, coldness of the extremities. The attack passed off quickly, but she remained rather distressed and cyanotic. Pulse 80, temperature 99.7° . The diagnosis was settled to be pulmonary embolism. Ordered: absolute rest, hypodermic injection of morphine, sinapisms. In the evening a similar attack, accompanied with great restlessness, occurred. Next day there was pronounced œdema of the lungs. Pulse 88, temperature 99.1° . Ether was administered subcutaneously; ipecacuanha and solution of ammonium with anise (*liquor ammonii anisatus*, *Preussische Pharmacopœe* and *Pharm. Hamb.*) were given internally. On the 3d day the œdema was increasing. Pulse 132. The patient's condition remained unaltered until the 5th day. There was some relief after the ether injection. Pulse 124 to 140, temperature 98.2° to 99.0° . During the 7th, 8th and 10th days the symptoms of œdema subsided. On the 14th day, mitral insufficiency and cardiac hypertrophy were recognized. From this time the patient improved continuously, and was discharged cured after an illness of thirty days. It might naturally be supposed that the embolus took its origin from the heart; but the entire onset and course of the illness show that it arose from the uterus as its starting-point.

Case of Uterine Polypus.

Dr. VINTRAS thus writes in the *Med. Press.*, May 26: Adele B——, æt. 47, housekeeper, had been suffering with hæmorrhage more or less profuse, occurring at irregular but frequent intervals, for five or six years past, which she attributed to the effect of the "change in life." The hæmorrhage was sometimes accompanied by pain in the pelvis, generally of an aching character, with a feeling of dragging and weight. She had been treated for these symptoms, but without experiencing either temporary or permanent relief. No vaginal examination had ever been made. One day while lifting a heavy object she suddenly felt as if something had snapped inside her, and this was immediately followed by such pain and distress that it was only with difficulty that she could be brought to the hospital. On examination *per vaginam* a mass was felt low down and firmly fixed, which felt something like an enlarged and prolapsed cervix. On pressing the mass upwards it suddenly went back, with immediate relief to the pain. The next day a further examination revealed the real nature of the growth, which was found to be

hard, smooth, and movable, and attached to the cervix by a distinct pedicle. It was removed by Mr. Keser without difficulty, by means of the chain écraseur, and proved to be a fibroid polypus, pyriform in shape, about the size of the fist. The cervix was found to be healthy and the uterus freely movable. The operation was not accompanied by pain, and the patient was up and about in the course of a week. No recurrence of the pain and hæmorrhage has taken place, and the patient has quite recovered from her anæmic and debilitated condition prior to the operation.

This case is an instance of the necessity for instituting an examination of the uterus and its appendages whenever hæmorrhage, either great in quantity or irregular in its occurrence, is a prominent symptom. Had this been done in the present case, years of suffering and ill-health might have been spared.

Extraordinary Cæsarean Operation.

La Gazzetta degli Ospitali of May 2d, 1886, reports the convalescence of a patient who performed the Cæsarean operation on herself on March 28th ult. These are the facts: A peasant woman of Viterbo, aged twenty-three, illegitimately pregnant at full term, at dawn on March 28th last, with a common kitchen knife (*con un coltellaccio da cucina*) opened her own abdomen on the right side. The wound, five inches in extent, was oblique from within outwards and from above downwards. The woman then opened the uterus in the same direction, and endeavored to extract the fœtus. As this was at full term, it could not be readily removed. The mother first drew out an arm and cut it off. To still further reduce the bulk, she amputated the head, and then completely emptied the womb, extracting the placenta. She bound a broad bandage very tightly round her body, hid the fœtus in the straw mattress, dressed herself, attended to some domestic duties, and on a cart went into the city of Viterbo to show her sister a cloth bathed with blood, as a menstrual proof of her not being pregnant. On returning home, having walked about for five hours, she vomited and fainted, and the parents called in Drs. Serpieri and Baliva. Thirteen hours had elapsed from the infliction of the wound, and through it the bulk of the intestines had been protruding for six hours. The medical attendants having satisfied themselves of the complete reduction of the emptied uterus, performed abdominal toilette as well as was practicable, replaced the viscera, introduced a drainage-tube, and sutured the wound. The evening temperature was 37.7° ; lochia natural per vias naturales. The woman stated positively that she had had no accomplices. No unfavorable symptoms supervened. The deep wound healed, and was only superficial on the 15th of April, the eighteenth day after the self-performed Cæsarean operation. The countrywoman of Mutius Scævola has proved that the fearless bravery of the Romans lives.

Sudden Death in Pregnancy, Parturition, and the Puerperal State.

Before the Harveian Society of London, Dr. M. HANDFIELD-JONES briefly traced the history of the evidence on which hypertrophy of the left ventricle in pregnancy rested, and raised the question whether this hypertrophy was ever wanting; and, if so, what were the results. He showed, by details of cases, that

signs of cardiac failure and insufficiency were traceable where no hypertrophy was present. Attention was drawn to the close tie existing between the heart and the uterus, and the extreme probability that the return of the heart to its normal state after delivery was due to a gradual process of fatty metamorphosis, which, under healthy conditions, was devoid of danger. In some patients, this fatty change might overstep the normal boundary, thereby weakening the cardiac muscle, and rendering it fatally susceptible of strains which it would normally be able to withstand. Cases were adduced in support of this view.

Dr. John Phillips mentioned a case in which albuminuria and œdema had been present, but no hypertrophy of the heart, nor evidence of actual renal inflammation. Premature labor had, therefore, not been induced. Was it always advisable to induce it where there was reason to suspect fatty degeneration during the later months of pregnancy?

Dr. Champneys thought that the changes in the vascular conditions, before and after pregnancy, were not yet fully understood. Cases of true cardiac insufficiency from rheumatism were often unsuspected until pregnancy occurred. In 75 per cent. of the cases recorded by Dr. Angel Money, there were murmurs of some kind, but mostly transient. Fainting and sudden death were liable to occur, even without hemorrhage; and, for this reason, especial care was necessary for many hours after delivery, when there had been much loss of blood.

Mr. George Eastes referred to clotting of blood in the pelvic veins and pulmonary embolism, and to ruptured uterus and *post partum* syncope, as other causes of sudden death.

Dr. Morton believed that the alteration in the character of the blood had much to do with the formation of the clots referred to by Mr. Eastes.

Dr. M. Handfield-Jones, in reply, advocated induction of premature labor in the cases referred to by Dr. Phillips. He did not know what was the average duration of the physiological hypertrophy after delivery.

Lacteal Secretion in an Infant.

Dr. BARTON DOZIER thus writes in the *Pacific M. & S. Jour.*: The following case which has come under my notice, I think worthy of publication:

Mrs. B. was confined on December 27, 1885, giving birth to a healthy nine-pound female child. Everything progressed favorably until about the seventh or eighth day, when the child became quite fretful, and moaned while lying in its crib as though suffering from some constant dull pain.

On the tenth day an examination of the child was made, and both breasts were found to be swollen to the size of hen's eggs, and very hard, as though "caked."

On manipulation a little milky fluid exuded from the nipples; in a few minutes the milk began to flow in a stream until about two tablespoonfuls were obtained from each mamma.

After this time the milk was extracted from two to three times a day, the child becoming very restless whenever the breasts became very full. At each milking from one to two tablespoonfuls were obtained, and pieces of cloth placed over the breasts, to protect them from irritation, were saturated with the fluid by its constant flow from the nipples between the times of milking.

Camphorated oil was constantly applied to the breasts, and after a gradual de-

crease in the secretion, at this writing (child now nine weeks old) only a few drops of whitish transparent fluid can be pressed out.

The nipples at this time resemble those of a young girl whose breasts have developed to the size of a small orange, but the mammæ, aside from a little appearance of fulness, do not differ from those of a fat, well-nourished infant of same age.

The mother has had another child with similar history, only the secretion was not so abundant, and ceased altogether in a few days. No microscopical examination was made of the fluid, but to all ocular appearances it had every resemblance to human milk.

A Rare Case of Multiple Neuromata following Removal of the Ovaries for Epilepsy.

To the Obstetrical Society of New York, Dr. H. M. Sims reported the following curious facts concerning a patient whose ovaries he had removed successfully in order to cure obstinate epileptic attacks. She was perfectly healthy until three years ago, when she was married, and returned from her wedding-tour a nervous wreck, suffering extremely from vaginismus. Her hymen was excised and she was somewhat improved. But an intractable ovarian neuralgia developed, and her condition became much worse. She became pregnant, and as her pregnancy advanced, her nervous excitement became more marked, and could not be relieved. Between the third and fourth month she was attacked with violent convulsions, preceded by occipital pain. The seizures lasted from twenty to thirty minutes, the patient being extremely violent and frequently tearing out her hair. The convulsions became more frequent and violent as the pregnancy continued, until she had as many as three or four in a day. They could only be relieved by the prompt inhalation of nitrate of amyl. Her child was born in July, but the epileptic attacks did not cease. On examining the patient, when partially anesthetized with nitrous oxide gas, Dr. Sims detected a large and sensitive ovary. As all local treatment had been utterly ineffective, the speaker, with the concurrence of Dr. Lee, who had been called in consultation, advised laparotomy. The operation was performed in the usual manner, and both ovaries (which were enlarged and cystic) were removed without difficulty. The recovery was rapid. The pain and convulsions disappeared from the very day of the operation. The curious feature in the case was this, that after the wound had healed and the patient was able to sit up, she complained that she could not bear the weight of her clothes, and indicated a certain point on the abdomen as the seat of pain. On examination, a group of small nodules at some distance beneath the skin could be felt at the painful site. Crops of these nodules sprang up in different places until there were at least half a dozen groups of them. Vain attempts were made to dispel them by means of hypodermic injections of iodine. It was finally necessary to administer ether and to dissect out the nodules separately. They were situated in the midst of the adipose tissue, at least half an inch beneath the skin. Macroscopically they presented the appearance of little pellets of fat. When examined microscopically, they showed nothing except masses of fat, in the centres of which were collections of what looked like cicatrical tissue inclosing nerve-filaments.

Obstacles to Fecundation.

The *Med. News*, May 29th, says: Some recent remarks by PAJOT upon the obstacles to fecundation in the human species, contained in the *Journal d'Accouchements* of April 30th, have considerable practical interest. He regards uterine catarrh as one of the most common causes of sterility, and states that in ten or twelve out of every twenty women who consult the physician on account of their being childless, this disorder is present; in some the flow is so excessive that the patients have to wear a napkin as if they had their monthly discharge, while in others there is simply a plug of mucus which closes the opening of the cervix, and is difficult to remove. If his explanation of sterility for so large a proportion of cases be correct, certainly the treatment of the affection is encouraging, for most of the cases of uterine catarrh are curable, and therefore we may expect to cure the sterility caused by it.

Conical cervix is next considered as a cause of sterility, but no special treatment is advised.

Uterine deviations are stated, by him, to be wrongly regarded as causes of sterility. Indeed, he does not regard such positional disorders of the uterus as anything more than a mere infirmity—an infirmity such as having only one eye, or being lame, and one which can be very well endured; he thinks that if women are not informed by their physician, or by a midwife, of the uterine displacement, they do not, as a rule, suffer from it. Undoubtedly there are many cases both of anterior and of posterior dislocation of the uterus which do not cause suffering; suffering depends more upon the condition of the displaced organ and of parts adjacent than upon the displacement. Nevertheless there are other patients who are marvellously and promptly relieved of local distress, or of reflex disorder, by restoring the uterus to its normal place.

But, on the other hand, the mechanical school of uterine pathologists have exaggerated the significance of uterine displacements as causes of suffering, and as interfering with the special functions of the uterus, menstruation and child-bearing. Schultze, whose work upon uterine deviations is probably the best which has been written, very fully considered the relation which such deviations hold to dysmenorrhœa and sterility, and his conclusions certainly give little support to those practitioners who are perpetually seeking to remedy these conditions by mechanical means. We cannot yet believe that the place occupied by a woman's womb is a matter of entire indifference; nature assigned it a local habitation, and tethered it there, so that, though temporarily changing its position with the condition of the neighboring organs, with the position of the subject, with the amount of abdominal pressure, and with its own physiological state, it is ultimately brought back to its place.

Tetanus Neonatorum.

Dr. FRANK M. WRIGHT thus writes in the *Brit. Med. Jour.*, May 22d: The above disease is of such rarity, that I think the following cases are worthy of record:

Case 1. Mrs. D., the mother of six healthy children, was delivered of a fine male child on January 6, 1883. He appeared to be well developed, and every-

thing was perfectly natural, with the exception of the umbilical cord, which had three or four times its ordinary thickness, and was of a much darker color than usual. It was of about the normal consistence. For six days, all seemed to go on well, when the parts in the immediate neighborhood of the umbilicus became somewhat inflamed and irritable. On the seventh day, these appearances increased, and the cord separated. The child progressed favorably until the sixth day, when it refused the breast, and, about the same time, its jaws became fixed, and an occasional spasm occurred, the whole body being rigid from head to foot. These spasms soon became continuous, with frequent exacerbations, until, on the eighth day, the child died. During the last two or three months of pregnancy, the mother had complained of very violent pain in the left side of the abdomen, coming on every night when getting into bed, and continuing for several hours, which prevented her from obtaining any rest. On April 1, 1884, she was confined of a child, who is now alive and healthy.

On March 16th, 1886, she gave birth to a male child. He was healthy in appearance, but the cord was of dark, dusky color, not having its usual translucency, and far softer and more yielding than natural; so that, when the ligature was applied, it appeared as if it would be completely divided. On the third day, it had a very offensive smell; the linen in which it was enveloped was, therefore changed, and the parts were washed in weak Condyl's lotion. On the sixth day, the cord separated, and the navel looked uninflamed and perfectly natural. On the seventh day, early in the morning, when the child awoke, he could not take the breast, as his jaws were "set," and could not be opened wide enough to admit the nipple. He sucked anything introduced into his mouth, and took a little milk from a spoon. In a few hours, his neck, back and legs became rigid. At first, this rigidity would, after a time, almost entirely disappear; then, after a few minutes, return with greater severity than before, causing the child to scream with pain. The spasms increased in force and frequency, becoming at last almost continuous, until the child's death on the eighth day. The mother had again complained of the violent pain in the left side of the abdomen, during the last month or two.

I wish to call attention to the following facts. Two children in the same family died of this rare disease, a healthy child having been born between them. Both died on the eighth day. The condition of the umbilical cord, at birth, in each case, was abnormal; this, I think, must in some way be connected with the occurrence of the disease. A peculiar pain was complained of by the mother in both cases, which had been absent in every other pregnancy.

Cyanosis in Newly Born Children Caused by Aniline Marking Ink.

Dr. W. RAYNER thus writes in the *Brit. Med. Jour.*: Early one morning, in July last, the night nurse of the Marylebone Workhouse, on going round the lying-in ward, noticed that one of the infants looked, as she said, "very blue and queer." The mother, with whom the child (a week old) was sleeping, was fast asleep, and the nurse thought the child must have been overlaid; but as the lividity remained, I was sent for.

I found the child apparently just recovering from asphyxia. The lips, gums,

and palate were of a wimberry color, and the whole surface of the body was dusky. The blueness did not, however, decrease, although the child was quite roused and lively. The breathing was quite natural, there was no sickness or diarrhœa; the temperature was normal, and the child had taken the breast well before the mother went to sleep.

On looking round the ward, four other children were found to be affected in the same way, though not to quite so great an extent at first; and during the next three days five more infants were similarly affected. They all took the breast well, and, except for color, seemed as bright and healthy as any children under a fortnight old usually are. The cases were not all in the same room, nor on the same story; they lasted about a week, and all recovered. The drainage was fully examined, and found to be in good condition. Then the milk supplied to the mother was inspected, it being thought there might be something to affect the children, though the mothers were quite healthy and unaffected, more especially as it was remarked that the milk served out on the previous day had been much yellower than usual. Consequently, inquiries were made at the dairy and farm, but without finding any likely cause, and no other customers had complained of anything of the kind. Next, inquiry was made at Queen Charlotte's Hospital to find out whether they had experienced any like outbreak, but they had not then, or at any time.

Several of my medical neighbors were kind enough to come and see the cases, but could not assign any cause. The epidemic gradually faded out, and there was nothing more of the kind until last December, when again the same kind of epidemic appeared, and this time seven infants were attacked, the mothers, as before, doing perfectly well, and the children only having the breast.

The midwife was asked to very carefully think over what could be in common between the two attacks, and unusual during the interval. She could think of nothing except that she had just got a fresh supply of napkins, and fancied that she had a new supply in July also, but was not quite sure of this latter fact. As the napkins were made out of old sheeting, this did not seem to help us much; but, on examining one of the cyanosed infants, a counterpart of the stamp of the work-house (a $4\frac{1}{2}$ inch oval) with which the napkins were all stamped, was observed on its buttocks and vulva; and although the marking-ink was stated not to be an aniline preparation, it was suspected, and, on being analyzed by Mr. Greenish, of New Street, was found to be a chloride of aniline.

It came out, on inquiry, that the napkins had not been washed after being newly stamped, as they had generally been, before use; and it was observed that the cyanosis gradually died away after the napkins had been washed, and then none of the dye came off.

A fortnight later, all the affected children had recovered or gone out. A freshly-stamped napkin was used for a strong healthy infant, and this became cyanosed in less than twenty-four hours.

A Cuban Monstrosity.

An interesting and rare form of monstrosity is now living in Cuba, having attained the age of seven months, when it was seen and examined by Dr. LUIS MONTANE, who gives a detailed account of it in *La Enciclopedia*, a Havana medical

journal. The monster consists of a well-formed and healthy female child, having attached to the anterior part of the trunk a second rudimentary individual, consisting of an imperfectly developed head and thorax. The pedicle is soft and flattened, measuring twenty centimetres in circumference. It is attached to the upper part of the abdomen in the median line. The "tumor" or parasite has the form of an inverted pear, but is somewhat obliquely situated, the pedicle being slightly twisted. The upper and smaller end, which represents the head, is encircled by a row of hairs. The cranial bones can be felt to be spherical, and on the left side there is an irregularly lozenge-shaped fontanelle, measuring 6x4 centimetres. The circumference of the head is $23\frac{1}{2}$ centimetres. No traces of ears exist. There is a fleshy imperforate mass representing the nose, within which a hard substance like the nasal bones can be felt. A very minute orifice exists where the nose springs from the forehead. On the left side there is an imperfect arch just distinguishable by a few hairs representing the eyebrow; below this and at some distance is an orifice half a millimetre in diameter, surrounded by short hairs, representing the left eye. There is an eyebrow on the right similar to that on the left side, but there is only the upper half of the circumference of the right eye, the lower half being lost in a mucous furrow several millimetres in breadth, which takes an oblique course downward, terminating, below the extremity of the nose, in a transverse fissure which represents the mouth. Only the right third of this is perforated, and in this part a small raised mucous tubercle representing the tongue is seen; there is also a triangular, hard, pearly tooth, which made its appearance when the child was five months old. A depression represents the neck, the circumference at this point being twenty centimetres. Below the neck a hard tuberosity can be felt on each side, representing the upper extremities. In the posterior median line a series of tuberosities can be detected, which are the rudiments of a vertebral column, about eight centimetres in length. The ribs cannot be made out, the surface of the thorax feeling hard and flat. From a physiological point of view there are several interesting observations recorded. When the "tumor" is being palpated the hairs become erect, and the skin resembles "goose-skin." The "upper extremities," too, stand out, and the skin is seen to be stretched tightly over them; this last appearance is especially noticeable when the child is at the breast. When the child's attention is distracted, pinching the parasite pretty hard does not cause any movement either in it or the child. The mother says that the parasite has often suffered blows and scratches drawing blood, without any impression being made on the child, but that when the parasite has been subjected to prolonged manipulation the child has been restless all the day. The mouth was distinctly seen to dribble with saliva. No vesicular murmur nor vascular movement could be detected. A medical friend has suggested that the parasite should be vaccinated, but Dr. Montané thinks it very doubtful whether it possesses sufficient vitality to enable it to take the vaccination. He remarks, however, that the parasite in Rambur and Orye's case had a small ulcer on the shoulder at the age of six months, and this healed rapidly. With regard to the literature of similar monsters, the author, who quotes from Devaine's and Verneau's Medical Dictionaries, and from T. Geoffroy St. Hilaire's "*Traité de Tératologie*," says that the rarest parasites are those with both head and pelvis (though these are not so rare amongst animals, especially

amongst dogs and cats), and the least rare are those without a head, the present case belonging to an intermediate class—viz., where the parasite has a head but no pelvis.

Management of the Third Stage of Labor.

At the Fifty-third Annual Meeting of the British Medical Association, Dr. D. BERRY HART read a paper in the Section of Obstetrical Medicine on the mechanism and management of the third stage of labor, in which the following points were brought out (*British Med. Jour.*, October 24, 1885):

In the management of a normal third stage the patient should occupy the dorsal posture, and the accoucheur should grasp the uterus with his left hand to ascertain its tone. When this is good, he retains his grasp merely to note if the uterus relaxes. When good pains come on, he does not consider it necessary that these should be helped by the practice of expression, or what is known as Credé's method. In a normal case, the risk is that the placenta, bulky as compared with the membranes, may be squeezed out too soon, and parts of the membranes left behind.

When, however, the placenta remains in the uterus half an hour after the delivery of the child, expression should be tried, but only with the left hand. After some practice, one can tell whether the placenta can be expressed or whether adhesions are present. In the former case, the accoucheur feels the uterus diminishing in bulk as the placenta is expressed; whereas, in the latter case, no impression is made on it by moderate pressure.

When the placenta is in the vagina (a condition recognized by the altered shape of the uterus), but does not soon appear at the vaginal orifice, slight downward pressure in the axis of the brim will help its expulsion. If more than slight pressure is needed, the question must then arise whether the retention is not due to non-separation of part of the membranes. The cleansed fingers may be passed into the vagina, the presenting part of the placenta laid hold of, and gentle traction in the proper axis will effect delivery.

When the placenta is detained in the vagina, it is sometimes convenient to place the patient in the semi-dorsal posture, to draw down and back the posterior vaginal wall with the cleansed fingers, so as to straighten it; and then, by slight downward pressure, with the external hand in the axis of the brim, to effect delivery.

In those cases where uterine action is feeble, expression is of the very greatest value. It then imitates the natural process, and places such a case on a level with the normal. The uterus should be grasped with the left hand as fully as possible, the thumb being in front and the fingers behind. It is then squeezed firmly in the direction of the line joining the finger and thumb, without any downward pressure.

In partial adhesions of the placenta, or in adhesion of the membranes, the practice of expression is in the highest degree dangerous. The non-adherent portion is separated and forced down and out, while bits of the placenta or membranes are left behind, exposing the patient to septicæmic risks.

When morbid adhesions exist, the accoucheur must separate them manually, using all antiseptic precautions. The hands must be thoroughly cleansed with

corrosive sublimate solution (1 to 2000), and a vulvar and vaginal douche (of 1 to 4000) given. After the separation, the douche of 1 to 4000 must be repeated, the amount of introduction of the tube depending on the extent of the internal manipulation. In this, as well as in a natural case, it is well to have the diapers used in the puerperium dipped in corrosive sublimate (1 to 2000), and dried, or the discharge received into sublimated wood-wool wadding.

Pilocarpine in Puerperal Convulsions.

Dr. GEORGE T. M'KEOUGH thus concludes an article in *The Canadian Practitioner*, January, 1886 :

So far as I can learn from the medical literature at my disposal, the use of pilocarpine in puerperal eclampsia is apparently in an experimental stage of its history. The views of eminent men concerning its use are discordant. Dr. For-
dyce Barker* gives it as his opinion that, in the treatment of puerperal convulsions, the utility of jaborandi, or its alkaloid pilocarpine, is more than doubtful, and that its depressing influence is so continuous and exhausting as to render it an unsafe and dangerous remedy. Whilst, on the other hand, Dr. T. Gaillard Thomas relates the history of a case before the Obstetrical Society of New York,† in which pilocarpine “seemed to exert a remarkably beneficial influence, and, from the results in his case, hoped much from the drug.” Theoretically, it ought to be the remedy *par excellence*. I believe it is now almost universally admitted that convulsions of pregnancy are the result of some urinary poison in the blood, due to the pressure of the gravid uterus upon the ureters, kidneys, and their blood-vessels. Therefore, stimulating the emunctories and the emptying of the uterus are essential steps in treatment which pilocarpine apparently fulfils. It produces almost immediate diaphoresis and ptyalism, thus relieving the toxæmia more quickly than by any other known means; and I believe it has been demonstrated beyond a doubt that it has an ecboic action, producing rhythmic contractions of the uterus, and thus promotes labor.‡ In my third case I think it assisted labor materially—probably inaugurated the uterus contractions.

In none of my three cases did the great depression which Dr. Barker speaks of ensue, and in my last two cases the pulse was weak when first administered; the doses of the drug used, however, were smaller than generally recommended; and I cannot but think that the excessive and exhaustive perspiration and salivation, which evidently sometimes occur, is produced by the abuse of the drug, and the reducing of the patient to a condition of adynamia may be avoided by the administration of smaller doses than are generally recommended, assisting its action, if necessary, by means of artificial heat. In my last case one-eighth of a grain, with the assistance of an extra blanket and a few bottles containing hot water, kept the patient sweating freely for three hours. In my last two cases a degree of restlessness followed its use, which was, however, speedily controlled by the use of sedatives—morphia in one and chloral in the other. But there is a danger, as illustrated by my first experience, to be feared in certain cases, viz.: pulmonary

* *Medical Record*, March 1st, 1879.

† *American Obstetrical Journal*, July, 1885.

‡ *Obstetrical Journal*, January, 1879.

œdema and the flooding of the lungs with excessive secretion. I think this can be learned from the record of these cases: that when the coma is profound, and has almost extinguished the action of the reflex centres, as in my first case, pilocarpine is a dangerous agent, on account of the impossibility for the patient to get rid of an enormous quantity of bronchial secretion and saliva which floods the respiratory passages; but in those cases in which the physician is called, before the patient has many convulsions—when the poison has not suppressed entirely the action of the reflex centres—when the patient is partially conscious, probably restless, and moaning, or when convulsions have not occurred, but seem imminent,—it is my conviction that we have in pilocarpine a most valuable adjunct in the treatment of this dreaded disease.

Substance Expelled From Uterus Post Partum.

Surgeon-Major HENSMAN asked the opinion of the British Gynecological Society on the following specimen: Mrs. A. B. was confined of her first child on October 27th, 1885. She was attended by a medical man of considerable experience, who stated that the labor was natural, easy, and without hæmorrhage. There had also been no hæmorrhage during the period of gestation. The placenta came away entire. She continued to do well until November 8th, when hæmorrhage occurred, and recurred on November 12th and 17th. On November 18th the physician was called in in consultation, and, on examination, found a substance which was exhibited before the society, lying at the os uteri, and cleared it out without any difficulty. He afterwards made a complete search in the uterus from os to fundus, and satisfied himself that there was nothing left in it. The hæmorrhage ceased, and did not recur, but the mischief had been done. There was vomiting, thready pulse, and collapse, and the woman died of exhaustion December 6th.

Dr. Edis thought, from the appearance of the specimen, together with the assurance that the placenta itself was entire at the time of its removal, that in all probability it was a case of placenta succenturiata, or development of a separate cotyledon. In any case where hæmorrhage occurred after labor, it was always well to make a careful examination in order to determine whether any portion of placenta or clots had been left behind.

Dr. Grigg spoke to the same effect.

The President thought that the case narrated by Surgeon-Major Hensman was extremely instructive, and was just the kind of information necessary for all who were engaged in general practice. It was impossible to make every practitioner a specialist, but in all specialisms there were certain points which should be taught and great emphasis laid on them in courses of general instruction. It ought to be a rule emphatically laid down that, if hæmorrhage continued after labor for any undue time, or if it were after some days resumed, immediate examination of the uterus should be made.

Dr. Fancourt Barnes regarded the specimen as being a portion of retained placenta. He had lately seen a case in the British Lying-in-Hospital, where violent flooding suddenly appeared in a patient fourteen days after labor. He passed his finger into the uterus, and removed a hard piece of adherent placenta of the size of a walnut.

Dr. Routh thought that some misapprehension existed as to the danger of retained placenta *in utero*. If it were adherent, septicæmia did not result, the nutrition of the retained placenta went on, and no poisoning took place. He had in his mind one of many cases where it was retained until the twenty-eighth day. Hæmorrhage occurred, but no septicæmia. The same was the case with polypi or fibroids retained *in utero* in the unimpregnated state. Many foreign bodies could be retained within the uterus, not to speak of intra-uterine pessaries, without septicæmia. The secretion in the uterus appeared to be antiseptic; in the vagina, it was otherwise.

Dr. Chalmers remarked that, while some placentæ were so compact and even on the surface that the absence of a very small portion could be detected, yet others were frequently met with so lobulated and irregular, that he could not always satisfy himself that no part had been left behind in the uterus. It was contrary to his experience that loose tissue in the cavity of the uterus might not undergo putrefaction.

Dr. Bantock's experience was the same as Dr. Routh's. He pointed out that the secretion of the uterus was alkaline, while that of the vagina was distinctly acid. This fact furnished an explanation of the phenomenon, that it was only when the substance was exposed to the chemical reaction of the two secretions, that decomposition took place.

A Case of Abnormal Reproduction.

Dr. S. H. Stout, thus writes in the *Texas Courier-Record of Med.*, December. The mother was a primipara, (Mrs. W.), aged about eighteen years, intelligent, and of a beautiful, healthy and well-developed physique.

Upon my first examination, carefully made, I felt the interior angle of the occipital bone, and parts of its sides adjacent thereto, and well defined in the left occipito-anterior position. The os uteri was dilated to the size of a quarter of a dollar. Being well satisfied that my diagnosis was correct, and waiting about three-quarters of an hour on the process of dilation, which bid fair to occupy several hours, I made a second examination. I was much embarrassed to find two soft bodies with a crease between them and an angular bony projection occupying the anterior (relatively to the patient) extremity of the linear depression or crease. The os uteri had now expanded to about the size of a silver dollar. So close were the mother's soft parts, that it was with great difficulty I could reach with my fingers the presenting parts of the foetus. The parts presenting so much resembled those of a breech presentation, that I was mentally greatly embarrassed by the fear that my original diagnosis was not correct—a mistake I have never made. Of the probability of a change from a presentation of the vertex to one of the breech, I could not rationally entertain the belief. It was, however, about two hours (owing to the infrequency and feebleness of the uterine contractions), before I could satisfactorily unravel the mystery of the diagnosis. When, after frequent and careful examinations, I at last felt the right ear of the foetus, I was relieved in mind and recovered respect for my own judgment. Careful examination then satisfied me that I had to deal with an abnormally developed foetus, one in which the calvarium was wanting. I so announced it to the mother of the patient and the nurse in attendance. The small-sized head—for the bag of waters

had broken prior to my arrival at the bedside—opened the os uteri so meagerly that it hugged the neck of the foetus (the patient suffering great agony all the time), for at least an hour and a half before the shoulders made their exit from the womb. The shoulders disengaged from the womb; the passage of the child through the inferior strait of the pelvis and the soft parts of the mother occupied less than ten minutes. The child made two cries in the attempt to breathe. The placenta was expelled immediately after the birth of the child, followed by an alarming uterine hemorrhage, to which I gave my exclusive attention, having handed over the child to the nurse to tie the cord.

The mother gotten into a safe condition, on examination of the then dead monster, I found it destitute of bony covering of the head from an irregular horizontal line a little above the eyebrows backwards above the ears to the occipital bone, which was normally developed. Occupying the place of cerebrum, were two sacks of dura mater distended with a transparent fluid, there being a fossa between them terminating posteriorly at the angle of the occiput.

On investigating the probable cause of the arrest of development of the cerebrum, and its bony and tegumentary covering (the child was well-developed elsewhere), the fact was learned that a similar monster had some years previously been borne by the wife of a brother of the husband of my patient. It was further developed that there was a vague tradition of several such monsters having been born in the families of the ancestors of the two brothers.

The mother of the child here reported had no recollection of having during her pregnancy received any mental shock. The partially acephalous monster to which she gave birth clearly owed its abnormalities to heredity, and to no other probable cause.

In no case in my own experience, where I have been able to trace intelligently the family history, have I failed to find that nævi and other abnormalities by reproduction have owed their origin to heredity.

A Case of Unusual Malposition of the Viscera in a New-born Child.

Dr. JOHN PHILLIPS thus writes in the *Arch. Ped.* for January: On the 29th of last May I was requested to perform a post-mortem examination on a child which had died twenty minutes after birth, without apparent cause. The arrangement of the viscera was of such a peculiar nature that it appeared to me worthy of record.

The child in question was the third. None of the others had any malformation and all were quite healthy; neither was there any family history of deformity on either side discoverable.

The mother experienced a fright two days before the labor commenced, but it was normal in every way, and the child was born at full time. After delivery it gave a few feeble cries, and by dint of artificial respiration was kept in a semi-moribund condition for twenty minutes.

Post-mortem Examination.—The body was that of a full-timed, well-formed, female child, weighing seven pounds. The abdomen was very flattened, but no malformation could be discovered externally. On removing the chest wall and opening up the abdominal cavity, the following appearance presented itself; the

whole of the space usually occupied by the left lung, the heart, and large vessels, was filled with intestines; the upper third consisting of large bowel, stained of a greenish brown hue, the lower two-thirds being made up superficially of coils of small intestines of a pinkish white color.

The right side contained at the apex, the thymus gland; below that the heart and large vessels covered by the pericardium. To the right of these latter and slightly below was the right lung, trilobed, but in a condition of almost complete atelectasis.

On raising the intestines on the left side, the stomach came into view, resting on the convex surface of the diaphragm, with one or two coils of large intestine of olive-green color covering its pyloric end. At its cardiac end was the spleen, and behind and below the left lobe of the liver could be seen passing through a large congenital deficiency in the posterior part of the left side of the diaphragm. The opening was oval, being three and a half inches in breadth and an inch in its antero-posterior diameter. The edge was quite smooth, the serous surfaces being continuous.

Towards the median line of the thorax, and attached by some fibrous tissue to the vertebral column on the left side, was a small bilobed brownish yellow mass, which proved on examination to be undistended left lung. On removing the pericardium, the ductus arteriosus was found patent; the right pulmonary artery could be traced into the right lung, but a fibrous band represented that going to the left lung.

The brain was normal. The abdominal cavity was occupied by the liver, the remainder of the large and small intestines, and the bladder.

Cases of *transposition* of viscera are rare; but I have been unable to find a case on record of *malposition* similar to the one described above. The question as to the possibility of the child being born alive with such a condition existing is manifestly an interesting medico-legal problem.

Habitual Death of the Ovum When the Mother is Affected With Disease of the Kidney.

Before the German Gynecological Society. FEHLING, of Stuttgart, read a paper in which he said that the most frequent and best known cause of the death of the ovum is syphilis of the parents. More rarely, it can be traced to uterine diseases, such as metritis and endometritis. Thus far it had not been known that kidney diseases of the mother may likewise be followed by intra-uterine death and premature expulsion of the fœtus, and even a repetition of this accident in different pregnancies. The speaker has observed several similar cases. The first case was that of a woman in whom, when near the thirtieth year of life, menstrual disturbances had appeared, especially retarded onset of the periods. Six times premature expulsion of the ovum, which had died *in utero*, occurred. Each time, in the fifth or sixth month of pregnancy, œdema of the entire body took place; albumen could be demonstrated in the urine. Symptoms of the death of the ovum, such as cramps of the stomach and chills, having shown themselves, the birth did not occur until eight weeks later. All the placenta were remarkably small, atrophic; the decidua thickened. The family physician had formerly instituted an anti-syphilitic treatment, but without avail. The second case was that

of a primigravida. About the middle of the pregnancy symptoms occurred which pointed to the death of the ovum. The urine contained large quantities of albumen. This diminished under appropriate treatment. Still the child was expelled after a few weeks. It was mummified. The placenta presented the same appearances as in the preceding case. After labor, the albumen disappeared from the urine.

The patient in the third case passed through two normal labors. During the third pregnancy Bright's disease was first discovered by the ophthalmoscope. Premature expulsion, in the fifth month, of a dead child free from signs of syphilis. In the succeeding year another pregnancy. During the latter, hemiplegia due to embolism of the arteria fossæ Sylvii. Again in the fifth month a putrid child was born. After that the albumen diminished. Both the placentæ were small and showed numerous white infarctions.

In the fourth case, abortion had suddenly occurred in the fifth month of the first pregnancy. During the second pregnancy, great œdema of the lower extremities took place. The child was born dead. With renewed pregnancy symptoms of serious nephritis appeared. But slight improvement under appropriate treatment. The birth commenced with a profuse hæmorrhage. The child was born dead. The patient did not react, remained unconscious, and died in an eclamptic attack. Here, too, the placenta showed the above described alterations.

All these cases, therefore, have kidney disease in common. The disease had probably existed before the onset of the pregnancy, but had become worse subsequently. In January, 1885, Winter had reported on premature detachment of the placenta in nephritis, before the Berlin Gynecological Society. The speaker has observed two similar cases. But he is no more able than Winter to give an explanation of it. As regards the premature death of the ovum in nephritis, it is undoubtedly the consequence of the placental disease. In all four cases observed by F. the placenta was smaller than it generally is at the corresponding period of pregnancy. There were present in it numerous nodules, white infarctions, partly wedge-shaped, partly roundish, which often contained vacuoles. According to Ackermann, the white infarctions consist of canalized fibrin, the increase of which causes atrophy of the villi, during which process periarteritis fibrosa multiplex occurs. As the villi perish, the child dies. The only remarkable circumstance remaining is the proportionately long retention of the placenta. The small-cell infiltration of the villi and of the vessels of the funis, which is characteristic of syphilis, was always absent; in fact, no sign of syphilis was ever found in the fœtuses.

Faradaic Electricity in Rigidity of Os Uteri during Labor.

Dr. MARY PUTNAM JACOBI thus writes in the *Am. Jour. Obstet.*: A primipara was brought during a premature labor, occurring at seven months of pregnancy, to the New York Infirmary in a state of considerable exhaustion resulting from the prolonged labor-pains. The external os was tetanically rigid. I did not see the patient until after she had been for some time in the hospital, and the physicians in charge, Drs. Blackwell and Cushier, had used all the most usual and approved means of relaxing the rigidity of the os, but without the slightest effect. Even chloroform had failed, and the increasing exhaustion of the patient ren-

dered this method hazardous to be persisted in. It seemed to me that the tetanized condition of the os, which would barely admit the tip of the finger, and resisted manual dilatation to an extraordinary degree, was precisely due to the exhaustion of the nerve force destined to the uterine fibre. The tetanus would then be analogous to the intestinal cramps of lead colic; to those induced in both the rectum and the genital canal by compression of the aorta (in rabbits), or, on an even more general scale, to the universal muscular contractions of rigor mortis. If this were true—and surely the clinical history of cases of rigid os uteri tends to support the hypothesis—local stimulation of the exhausted nerve fibres was indicated as the remedy. A small electrode was applied to the os, and connected with a faradaic battery; the other electrode being held in the patient's hand. It was considered desirable to avoid passing the current through the body of the uterus, lest new contractions should be excited and struggle in vain against an impassable resistance. The application was continued for fifteen minutes. Immediately afterwards, and for the first time, Dr. Cushier succeeded in inserting a finger into the cervical canal, and after some further effort, in gradually effecting manual dilatation and delivering the patient by the forceps.

Stimulus to the nerve fibres thus seemed to have succeeded in inhibiting the spasm into which the muscular fibre had been thrown, as is habitual when left to its own irritability.

Had the head been liberated at the same time with the feet, then, after flexing the knees, the further expulsion might have been left to nature without the long and toilsome efforts to deliver both feet, but the difficulty with which the body was extracted satisfied us that nothing short of what was done would have sufficed. Post-partum retraction was complete, and the placenta promptly expelled.

The whole hand being within strong muscular walls, and the distance from the os to the fingers' end being fully nine inches, proved that the constriction was far above the ring of Bandl, and their regular action seemed to be, not retraction due to obstructed labor, but rather exaggerated circular contraction, itself constituting the obstruction, beginning early in the second stage of labor, involving nearly the entire organ, and, in the absence of distended membranes, becoming nearly complete at the point of least resistance, that is, around the child's neck.

This condition lasted about three hours under full anæsthesia. In how far it may have been perpetuated by the stimulus of the hand in the uterus is not clear; but it certainly existed prior to its introduction. The life of the child was destroyed by the long arrest of the utero-placental circulation. Ordinarily, I would not continue the use of chloroform so long, but no such protracted anæsthesia having been contemplated, I was not provided with ether; however, the pulse and respiration never faltered, and consciousness returned soon after the chloroform was withheld. Ergot, which is with me only a post-partum agent, had not been used, and quinine only in tonic, not in oxytocic quantity. The latter, in ten to fifteen grain doses, is my favorite parturient, the use of which, I believe, has lost me many opportunities to enlarge my experience with the forceps.

The next day I found the patient somewhat depressed, with pulse slow, temperature a little below normal, slight nausea, and decidedly cool extremities. On the third day, the pulse was 48, mouth temperature below 94° F., nausea increased, tongue heavily coated, countenance anxious, skin of a sickly yellow hue,

and the urine (drawn with catheter) very dark and scanty, while the uterus reached above the umbilicus, and was very tender; the abdomen was quite tympanitic, and the lochia were entirely replaced by a thin, yellow, and very offensive discharge. There was at no time more than a slight attempt toward secretion of milk. These local symptoms were accompanied by great weakness and profuse perspiration. Under stimulants and tonics, attention to the secretions, turpentine externally, and thorough local disinfection, aided by good nursing, by the seventh day the pulse and temperature had reached 60 and 98 respectively, with corresponding abatement in all the bad symptoms, and from this time convalescence was slowly established.

Heat as an Oxytocic.

Dr. M. R. MORDEN thus writes in the *Med. Age*: During the past year there have been three communications in the *Age* concerning heat as a new means of hastening labor. There were also a number of articles on the same subject in other journals.

Those old practitioners who are so generally denominated "mossbacks," and "fossils," who know full well that their grandmothers made use of heat for the purpose noted, are probably keeping still because they dislike to spoil the enjoyment of the new discoverers. I know of many old ladies who learned it from their mothers and grandmothers, and if it were possible to trace it back we would probably find that those Israelitish women who were too smart for the Egyptian midwives knew of it and practised it. From a somewhat extensive acquaintance among country practitioners in Southern Michigan, I know that for the last fifteen years it has been commonly used, both by neighborhood midwives and medical practitioners. It is no uncommon thing when reaching a confinement case to have the women in attendance remark that they had not dared to soak the patient's feet in hot water, nor put hot cloths to the abdomen, nor give any hot drinks, for fear the doctor would not get there in time. A common practice is to take two good-sized flannels, and keep one heating in a common steamer while the other is applied as hot as can be borne to the abdomen and vulva. This, with many practitioners, is considered a good reliable preventative of the rupture of the perineum. Churchill recommends it for the latter purpose.

Since writing the above I am reminded of a story that seems to "fit in" so well on this subject of oxytocics that I am constrained to ask you to give it space as a postscript to the above.

While spending a cold winter's night in a farm house, in attendance on a case of confinement, a good old Baptist sister relieved the tedium of the slowly dragging hours with some very droll and amusing stories. Among others she told the following:

Two young men, brothers, went west to speculate. They reached a frontier hamlet that, as yet, had but one doctor. At the hotel one was heard to call his brother "Doc." It soon got noised around that a young doctor had arrived, and was looking for a good opening in which to locate. One night a man came to the hotel after bed-time, and said that the village doctor was away off on the plains several miles, and that his wife was about to be confined and he wanted the young doctor that he had learned was stopping at the hotel, to come over

and attend the case. "Doc." was accordingly aroused, and his brother taking in the situation, told him, in a whisper, to get up and go, and to make believe that he knew all about it anyhow, and have some fun. Accordingly he dressed and went as requested. He made careful inquiry concerning what the women present had already done. They told him how they had used hot drinks, hot foot-baths, and hot cloths to the abdomen. He informed them that their treatment was just what he should have used had he been there, and then he asked them if they had "quilled" her. This produced a sensation. Some of the women looked surprised, but could not refrain from giggling. Finally one of their number said they did not know what that meant. He then very coolly asked for a quill and some Scotch snuff, both of which were promptly produced. Having filled the quill with the snuff, he put one end up the patient's nose and blew at the other end. The patient went into a violent fit of sneezing, the waters broke, and in ten minutes the child was born.

The telling of this story made our patient laugh heartily, and as a result a violent pain came on, which was rapidly succeeded by others, and soon delivery was accomplished.

I know full well of another case, where a young physician was sent to a case of confinement because of sickness in the family of his senior partner, who was the patient's choice. The husband kindly warned the young doctor that his wife would be angry and out of patience with his coming, and that he must make the best of it and not mind what she said.

Sure enough, the young doctor found he had got himself into a hornet's nest. He put up with hard "hetchelling," and made himself as useful as he could, assisting about the application of hot cloths, and other means, to at least keep up a show of doing. Whining and fault-finding, however, he found to be his portion, with no show of a let-up. Finally he jocularly told her that he thought he should set her up in a rocking-chair, get in bed himself, have hot cloths applied, let somebody pull on his hands, and he would "see what he could do." This made the attendants laugh, but so enraged the patient that a violent pain came on, which lasted a few minutes, and ended in a safe delivery. I am not sure that mental impressions and sneezing have ever been properly noticed and classed as oxytocics.

A Case of Vicarious Menstruation Simulating Pulmonary Phthisis: Cure.

Dr. RICHARD THOMAS thus writes in the *Am. Jour. Obstet.* for February: Mrs. S., æt. 40 years, American, sent for me in April last for professional advice. The impression prevailed generally among the lady's friends that she was in the final stage of pulmonary phthisis. She was lying upon her back in bed when I first saw her; her face was pale; her eyes moist and brilliant, while upon her cheeks were bright dashes of color, which picture, taken with her extreme debility and emaciation, might well be accepted, ordinarily, as that of grave pulmonary disease. The pulse was 95; respiration 20; skin moist. The general manner of the patient betrayed a slight hysterical condition. She would look intently at me for a moment, then smile. Besides this ordinarily unladylike action, she made peculiar use of her mouth and lips—in short, gave me such an impression of hys-

teria that my thoughts bent themselves in the direction of the womb. Having thus observed her, I now examined the chest. *There was absolutely no sign of pulmonary disease* beyond a slight mucous sound in the bronchial region. From the moment I entered her room she coughed almost every minute, and with the cough she expectorated a slight quantity of blood. As the visit seemed to excite the lady, it was arranged that any further move in the case should be deferred until the following day. In the interval, the patient's family was given my views of the case, but it was very difficult to make them believe that Mrs. S. would not die of consumption; however, I was allowed to proceed in my own way, and next day made an examination per vaginam. The cervix was in good position; the fundus rather low down, as felt through the rectum. The whole organ was enlarged and abnormally heavy. *The mouth of the womb was perfectly closed*; the cervix giving every indication of being solid, and that the canal through it was obliterated. The usual site of the external os was marked by a small bird-shot like depression. The patient was suffering from marked vicarious menstruation. The supposition that she had consumption, she being supported in such a belief by previous physicians, who had led her to look upon her long-continued expectoration of blood as a sure sign of such disease, had done its work; fear, and uterine irritation, in due course brought about a condition of hysteria, loss of sleep and of appetite, gradually left her weak, and caused a loss of flesh. With this light thrown upon the case, it naturally became interesting to learn more particularly my patient's history: with frequent interruptions she gave it to me as follows: At the age of fifteen, she menstruated; this function continued normally during some twenty years. She had been twice married, but was never pregnant. It was during her second marriage that the menses began to grow less and less, until about four years previous to April, 1885, they ceased entirely. At about this time a troublesome cough began to afflict her, but it was only after the absence of two menstrual periods that the cough began to be accompanied by expectoration of blood. She had not noticed any increase in the quantity of blood at such period, neither had she looked at the pulmonary hemorrhage—for at times it was a hemorrhage—as in any manner connected with any function of the uterus, although she thought the entire absence of her monthly sickness very strange, and had employed a physician with a view of having such a condition remedied. She had never been examined per vaginam until my treatment of her case suggested it. Besides being of a nervous, excitable temperament, she was given to despondency, so that I think it quite within the range of possibility that, had she continued to labor under the impression that her trouble arose from pulmonary disease, she would have lived but a short time, and the real cause of her illness would have been overlooked. Mrs. S. had passed many wretched, sleepless nights, "fighting against sleep, from a fear of bleeding to death in the night." While she did not connect these profuse bleedings with the setting in of her menstrual functions, I have no doubt that the pulmonary hemorrhage was the greatest at such times, and, as the usual period occupied in its performance transpired, the hemorrhage from the lungs grew less and less, becoming a mere slight expectoration of blood to be increased again at the next monthly cycle. I questioned her closely, but failed entirely to elicit anything which to my mind would account for the obliteration of the cervical canal. She had not received any injury, nor could she

recall any inflammation of the part in question, while she assured me positively that there had never been any attempt to tamper, instrumentally, with the womb; in fact, that as she had never been pregnant, there had been no occasion for such a proceeding. From the moment she knew her lungs were free from grave disease, her manner underwent a marked change. She became very talkative, cheerful, and readily gave me permission to perform the necessary operation for her relief. This consisted of a very simple procedure. Using a speculum, the parts in the near vicinity of the os were covered with olive oil; this to protect them from the caustic—a solid, pointed stick of the nitrate of silver being used. Fixing the partially retroverted womb by a finger in the rectum, the caustic was pressed firmly against the os—taking the slight depression mentioned as my guide—and by a rotary motion the tissues were destroyed to the depth of a quarter of an inch; this boring operation being repeated every other day, till a canal about an inch in depth had been drilled into the neck of the womb. At this point, the remaining tissue was divided by a bistoury, passed directly through into the cavity of the uterus, when a small quantity of dark fluid slowly oozed from the incision, which being extended somewhat, gave passage to considerable blood, dark in color, but with no unpleasant odor. As the entire canal was now kept open with a small roll of linen, smeared with cosmoline, it gave passage, in a day or two, to a small-sized sponge tent; which, being followed by others of increased size, soon made a useful canal, through which, with the help of ergot internally, there passed occasional clots, while a dark, thick fluid continued to escape for many days. The patient was now put upon a course of iron, bark, etc.; her general health gradually improved; the troublesome cough declined, *and ceased almost entirely with the appearance of her next menstrual period*, this occurring naturally just six weeks from the establishment of the new cervical canal. Mrs. S., in two months from my first visit, appeared among her friends, a perfectly restored woman.

A Case of Tuberculosis of the Uterus with Special Involvement of the Pelvic Peritoneum.

Dr. W. J. JONES thus writes in the *Am. Jour. Obstet.* for March: Although tuberculosis of the uterus cannot be regarded as a very rare pathological process, this case is of special interest from the condition of the pelvic peritoneum which accompanied it.

A. H., colored, æt. 21 years, was admitted into Bay View Hospital on May 25th, 1885, with a well-marked tuberculous history. She had been a prostitute for several years past, and was addicted to the dissipation of her class. There was no history of a tuberculous inheritance, and her whole trouble began with a severe cold in November last, which gradually became worse, and was accompanied with fever and night sweats. At the latter part of her illness she was much troubled with a leucorrhœal discharge. She had given birth to one still-born child several months previously. Physical examination of her chest, at the date of her admission, showed evidence of softening and breaking down at the apices of the lungs. She rapidly became worse, and on July 1st, an examination revealed the presence of cavities in both lungs. Obstinate diarrhœa was present for ten days before her death, which took place on August 10th, 1885. The autopsy, made a few hours after death, revealed the following:

Body small, slightly built, emaciated and anæmic. The meninges and brain pale. The mucous membrane of the larynx, pharynx, trachea, and œsophagus normal. The mediastinal lymph glands and bronchial glands enlarged and caseous. Both lungs adherent to the pleura at the apices and posteriorly. In the apex of each lung was a large, ragged, tuberculous cavity, and elsewhere in the lungs numerous small cavities and areas of caseous consolidation. In each pleural cavity there was a considerable amount of clear serum, and on both the parietal and pulmonary pleuræ numerous miliary tubercles. The pericardial cavity contained several ounces of clear fluid. Heart small, valves normal. Liver, spleen, and kidneys amyloid. In the liver, a few miliary tubercles were found. The intestines, in some places, were adherent. In the omentum and elsewhere on the peritoneum were large, caseous nodules. Some of these nodules were formed by a conglomeration of miliary tubercles, others were single. The pelvic peritoneum was very much thickened, and contained numerous irregular tubercle nodules of various sizes. The thickened peritoneum passing over the uterus and bladder had united and adhered to the peritoneum over the rectum, and in this way a sac was formed which occupied the space known as Douglas' cul-de-sac. This sac contained about twelve ounces of thin purulent fluid. On raising the small intestine, and looking into the pelvic cavity, it seemed as though a distinct roof was formed over it, on which the intestines rested. The uterus was verted sharply to the right side. The cavity of the fundus was slightly dilated, and contained a small amount of caseous material. The entire mucous membrane lining the cavity of the fundus and the upper portion of the cervix was ulcerated. This ulcerated surface was irregular and caseous, and at numerous places miliary tubercles could be seen. The ovaries and Fallopian tubes were normal. The vagina was wide, and contained numerous erosions, which were covered with a thick, dense, diphtheritic membrane. In the lower portion of the rectum, just above the anus, was a large, circular ulcer with indurated edges. The ulcer was covered with a black, stinking, necrotic mass. The loss of substance occasioned by the ulcer was large, and extended through into the vagina. The opening between the two was half an inch in diameter. In the vagina, the mucous membrane around this opening was ulcerated and covered with a diphtheritic membrane. The mucous membrane of the rectum and large intestine was very much thickened and hyperæmic, and contained numerous ulcerations. The mucous membrane of the small intestine hyperæmic. No alteration was found in the bladder, stomach, and other organs examined. Microscopic examination of the uterus showed a caseous inflammation, combined with miliary tubercles. In the caseous tissue and in the miliary tubercles, swarms of tubercle bacilli were found. Examination of the ulcers in the rectum revealed them also in large masses. The diphtheritic ulcerations in the vagina and recto-vaginal fistula were examined microscopically, but unfortunately the examination was not conducted with a view to the presence of tubercle bacilli. The diphtheritic patches in the vagina were found to consist of a necrosis of the mucous membrane, extending deeply down into the submucous tissue. Numerous micrococci and putrefaction bacteria were found in the necrosed tissue.

It is well known that, in the ordinary peritoneal tuberculosis, the part of the peritoneum which is first invaded, and on which the full stress of the pathologi-

cal condition falls, is Douglas' cul-de-sac. This very fact can be taken as a proof of the non-soluble nature of the tuberculous virus; for it is here that all foreign solid matters gravitate, and the case would not be different were these insoluble particles tubercle bacilli. Along with the eruption of tubercle on the peritoneal surface, there is more or less inflammation, with formation of false membrane, but it is extremely uncommon for tuberculous inflammation here to lead to this sacculated condition. In this case, this sac might have led to various errors of diagnosis. It might have been mistaken for pelvic abscess, ovarian cyst, etc. In a former communication on the subject (*Med. News*, January 3d, 1885), the writer shows that in nearly all cases of uterine tuberculosis, infection took place from the peritoneal cavity. This is evident from the tuberculosis of the Fallopian tubes, which almost always accompanies the uterine affection. In this case the Fallopian tubes were not affected. It seems probable to the writer that, the rectum being affected and containing large masses of bacilli, the affection of the uterus might have resulted from the entry of these organisms through the extensive recto-vaginal fistula into the vagina, and thence into the uterus. Cohnheim was the first to speak of the possibility of the tuberculous virus being transmitted by coition, and a tuberculosis of the genitalia so produced, and several cases have lately been reported in which it seemed possible that such was the case. In the case under consideration, there was every opportunity given for the entry of bacilli into the vagina. The diphtheritic patches in the vagina were most probably caused by contact with the infectious necrotic material from the fistula. A similar condition is sometimes found in carcinoma of the uterus, where the discharge is of a highly acrid and putrid character.

Three Monstrosities.

P. H. THOMPSON, M. D., Bluffton, Ga., thus writes in the *Atlantic M. and S. Jour.*, for December, 1885:

Case First—Mrs. A——was delivered in December, 1883, of child at full term. She was a primipara of excellent health, and a model of physical development, her age about twenty years. Stages of labor and progress of delivery as usual. Foetal movement felt during labor. Child's weight about seven pounds, with well developed body and extremities. Neck, upper and lower jaw, eyes and ears finely developed. A line drawn from the eye-brows to the upper portion of the auditory canal and around the base of the skull would represent the limit to the development of the cranial bones. A flat cartilaginous surface represents the upper limit of the head. The ears projecting above this surface give to it the appearance of a cat's head. Two small, fleshy bodies, about the size of almonds, and resembling brain substance, were above, external, and adherent to the cartilaginous plates, suggesting the idea that nature had tried to make the cerebral hemispheres external to the bony structures.

Mrs. A.'s husband is a small, lean man; otherwise apparently healthy.

Case Second.—Mrs. B——, primipara, aged 18 years, of healthy family—herself in excellent health—robust and a fine type of vigorous womanhood, was delivered of a six months' foetus in August, 1884. Foetus resembled very much the one of Mrs. A. The same portions of the head were wanting, but the difference in shape of the face gives to it the appearance of a frog.

A space about three inches in diameter at the umbilicus allowed the protrusion of the peritoneum, which formed a transparent sac that contained the stomach, liver, and part of the intestines.

Case Third.—Mrs. C——, multipara, aged about 30 years, of healthy parents, herself well developed and in good health. Her husband is a laboring man and in apparently good health.

Mrs. C—— was delivered in 1878 at full term of a child, having “*bird spine*” of the dorsal region.

The child died after a few days of excruciating pain.

In August, 1885, Mrs. C—— gave birth to the monstrosity which is represented above.

The absence of neck and cranium gives it the peculiar appearance, which, seen with a back view, resembles a frog.

The trunk and extremities are normal. A space between the shoulders is rough and without a covering of skin. Fœtal movement felt during labor.

Remarks.—Mrs. A, B and C firmly assert that they had not seen anything ugly or unusual, or in any way resembling the monstrosities to which they have given birth.

Almost every individual, including several physicians, to whom I have shown the monster, or photograph, have asked “if the mother had seen anything during pregnancy which could have caused the deformity.”

I wish to demur from this common practice of placing the blame of all our misfortunes and monstrosities upon the tender yet much slandered sex.

As we understand the teachings of anatomy and physiology, the fœtus in utero has but a physical connection to the mother. The only contact, soon after pregnancy begins, is through the medium of the placenta, which is the organ through which oxygen and the elements of nutrition are conveyed to the fœtus, as the stomach and lungs serve to nourish and oxygenize the blood and tissues of adults.

If this be true, how can mental impressions reach the fœtus, except in a general and not in a special way?

The facts are also plainly established that the bones of the cranium and general outlines of the future child are marked out and begin their growth during the first weeks of pregnancy. The starch and oil in the grain of corn is the “stored up” food for nourishing the plant germ until it is rooted in the “mother earth,” from

which source it then gets its elements of growth. The soil having nothing whatever to do with the species, it furnishes only the warmth, moisture and elements of nutrition. The egg of the fowl is only the store of food for the germ which the male plants in the act of copulation, and without which germ the egg is only so much rich food for any animal that may feed upon it, be that animal a man, or fox, or the spermatozoa of the male fowl. Soil and elements of nutrition have but little to do with the species of plant or animal, except so far as relates to color, size or vigor of the growing plant or animal.

Many faculties that resemble the mother are acquired after birth by constant association, training, and mental impressions through the medium of the brain and nervous system.

The spermatozoa, after working its way into the uterus or fallopian tubes, meets the egg or ovum of the female, penetrates its outer covering, and immediately begins to absorb nutrition, and before it has exhausted this store of food it becomes attached to the mother through the medium of a rudimentary placenta.

This conclusion does not deny that the egg is especially prepared and adapted to the development and growth of the spermatozoic germ.

If the spermatozoa be perfect and the conditions for its nutrition be favorable, the child will be perfect. Otherwise, if the spermatozoa be imperfect, no matter what the favorable conditions of the ovum be, or how favorable the conditions for growth, the child will be imperfect.

The imperfect germ, like the blasted and dwarfed plant seed, will either perish in all of its parts and organs, or remain dwarfed or undeveloped.

VII. SURGERY.

A Novel Operation in Liver Surgery.

This operation was performed by Dr. GEORGE HARLEY (*Med. Press*). In a case of acute hepatitis with enlarged liver, ascites, and other symptoms pointing to an inevitable fatal termination, Dr. Harley introduced a trocar and cannula deep into the centre of the liver, and drew off twenty ounces of blood. The patient made a good recovery, and Dr. Harley thinks that hepatic phlebotomy is destined to take rank in therapeutics as a safe and effective measure.

Iodoform Injections in Knee-Joint Disease.

An abstract from the *Central Zeitung* appears in the *Medical Record*, giving a case of chronic synovitis of knee-joint treated successfully as follows: The case was of one year's standing, in a woman, fifty-eight years of age. The joint was punctured with a trocar, and about a pint of pus removed, and the cavity was then washed out with a three per cent. solution of carbolic acid. Then a ten per cent. emulsion of iodoform in glycerine was injected and an anæsthetic dressing applied. No elevation of temperature followed the operation. The pain at once ceased, and the patient slept well for the first time in weeks. At the end of six days a little pus had reaccumulated in the joint, and the same treatment was renewed, a smaller amount of the emulsion being used. There was no further trouble, and the patient rapidly regained her health.

Enucleation of the Eye.

At a recent meeting of the Ophthalmological Society of Paris, M. DOR stated that only twenty-seven instances of death after enucleation have been published, the real number being higher, from the fact that medical men often hesitate to publish their failures. In all the cases published, death immediately resulted from meningitis; yet, in four of these, the brain-lesion was cured. M. Dor has had two cases of death after enucleation; in one instance, meningitis set in six weeks after enucleation—the patient was tuberculous; in the second, the patient was an old man with irido-cyclitis in one eye, and a cataract in the other. M. Dor enucleated one eye, before operating on the other for cataract. On the fifth day after enucleation, the patient was perfectly well; subsequently, he died in two days, either from embolism or from cerebral apoplexy, or possibly from absorbing a solution of bichloride of mercury, which M. Dor used for his dressings.

Tracheal Tumor.

To the Edinburgh Medico-Chirurgical Society, Dr. COTTERILL showed a young girl, aged 14, from whose trachea he had some five months previously removed

a fibroma. The tumor, which was about the size of a small nut, grew from the posterior wall of the trachea at a distance of an inch and a half from the lower margin of the thyroid cartilages. The tumor was an example of an exceedingly rare condition, very few of such tracheal tumors having been diagnosed during life. Dr. Mackenzie Johnston had discovered the growth, and had sent the patient to Dr. Cotterill for treatment. As a paper was shortly to be read on the subject, Dr. Cotterill merely pointed out the highly satisfactory result that had followed the removal of the growth, as the patient had entirely lost the aphonia and dyspnoea from which she suffered before the operation, and she had also improved greatly in general health.

Arthrectomy of the Ankle Joint.

ERASMUS describes (*Centralb. f. Chirurgie*, 2, 1886) eleven cases which occurred in Riedel's clinic at Aachen. All recovered except one, which died of tuberculous meningitis some seven or eight weeks after the operation. Of the remainder, six obtained complete and free movement, and the others suffered either from the effects of too great mobility of the ankle joint, or of partial necrosis or caries of the neighboring bones. The operation is performed by making an incision by the side of the tendo Achillis, pulling aside the muscles which are in relationship with the joint behind, and opening the diseased joint at its back part. The joint in children is so loose that the synovial membrane can all be reached by extreme flexion of the dorsum of the foot on the front of the leg. It is then carefully removed by a sharp chisel. If there is not room for this, part of the bone is taken too, or the lateral ligaments must be divided, which is liable to produce permanent weakening of the joint. These latter modes of operation need, however, never be resorted to except in adults.

Surgery of the Pancreas.

In his address before the American Medical Association, Dr. N. SENN said the surgery of pancreas belongs to the future. The physiological function of this organ requires further investigation for a more intelligible interpretation of symptoms in disease. The only pathological conditions of the pancreas which have been made an object of surgical treatment are cysts. A number of successful cases of this kind are on record, in which a permanent cure followed the formation of an external pancreatic fistula. In only one case did the fistula remain permanently; in all the rest the secretion diminished gradually and ceased definitely with the healing of the fistula. It is to be hoped that the symptomatology of different lesions of the pancreas will be made a special object of careful study and investigation, so that in the future we may be able to recognize and classify the different diseases of this remote organ during life, so that we may be able to resort to laparotomy in affections which may be amenable to direct surgical treatment.

Drainage of Idiopathic Intra-Cranial Abscesses.

The evacuation of traumatic abscesses of the brain has long been a recognized procedure, and has met with a fair measure of success. Recently Mr. HULKE has endeavored to extend this practice to idiopathic abscesses within the cranium.

A few months ago a man was admitted into the Middlesex Hospital, under Dr. Carley, suffering from coma, which had supervened upon a long-standing purulent discharge from the ear. There were no localizing symptoms. Mr. Hulke trephined the skull in the lower part of the temporal fossa, and by means of a director explored the temporo-sphenoidal lobe, without result. The operation was unattended with ill results, but after the patient's death, a few days later, an abscess was found in the cerebellum. Quite recently a woman was under Dr. Cayley's care with similar history and symptoms, and intra-cranial suppuration was diagnosed. Mr. Hulke determined to explore the brain. In this instance he made an aperture in the cerebellar fossa of the occipital bone, and through a small incision in the dura mater he passed a director through the cerebellum in all directions, but without striking an abscess. Finding that the symptoms were unrelieved, he subsequently trephined the temporal fossa, and opened an abscess in the temporo-sphenoidal lobe.

False Joint from a Fracture in Infancy.

M. BERGER recently showed a very interesting specimen at a meeting of the Société de Chirurgie of Paris. It consisted of the lower limb of a man fifty-seven years of age, who had received a fracture of both bones of the leg when only nine months old. This was followed by the formation of a false joint which prevented the man from walking. The upper fragments of the tibia and fibula were rounded off, and fitted into cup-like depressions on the lower fragments. The adjacent surfaces were eburnated and coated with dense granulation tissue (not cartilage), and were held together by a capsular ligament continuous with the periosteum and lined by a true synovial membrane. The knee and ankle joints were not ankylosed, as is often the case in such conditions. The whole limb was undeveloped, as the following measurements on the two sides show: Length of foot 18 centim. as compared with 24 centim.; length of patella 5.0 centim., instead of 6.0 centim.; length of femur 36 centim., as against 39 centim. The muscles were not degenerated; the nerves to the naked eye were healthy; but the skin over the toes was the seat of anæsthesia and local asphyxia. The question raised by M. Berger was, whether these developmental changes were the results of the "false joint," or whether they and it were both due to one obscure trophic affection.

Cocaine in Circumcision.

The *Therapeutic Gazette* tells us that Dr. JOHN MADDEN, of Wisconsin, records a case in which he used a four per cent. solution of muriate of cocaine in circumcision.

Four points, practically equidistant, were selected upon the line of the intended incision, the hypodermic needle inserted, and about one-fourth of a drachm of the solution was injected beneath the skin at each of these points. A piece of absorbent cotton was then saturated with the fluid, and placed in contact with the preputial mucous membrane. Testing the sensibility of the parts from time to time, by pricking with a needle, in about twenty minutes the sense of feeling was almost entirely abolished. The foreskin was then drawn forward, held between the blades of a pair of dressing forceps, and quickly ablated with a knife. The patient declared that the operation gave him no pain nor sensation of any

kind, excepting in one small place on the left side. I noticed, however, that the solution had filled the subcutaneous tissue beneath this place. The mucous membrane was next caught up, and quickly cut off with a pair of scissors. Its sensibility, though very much lessened, was not entirely destroyed, and the patient complained of some pain. The operation was completed by stitching the mucous membrane and integument together, the former growing more painful towards the end of the operation, while the latter preserved its anesthesia.

Foreign Body in the Œsophagus.

Before the New York Clinical Society, Dr. ABBE exhibited a vulcanite dental plate with a false tooth, which he had removed from the œsophagus of a patient, where it had been lodged twelve days. The patient, a woman of forty years, in tasting soup, felt her dental plate slip from the roof of her mouth into her throat. She involuntarily gulped it down, but it stuck and gave her pain. She immediately sought the nearest doctor, who gave her in succession three emetics of mustard water. Each was swallowed, but failed to bring up the obstruction with the vomiting. She went to one of our city hospitals—late at night and again daily for a week—but numerous examinations and probings failed to help her. She came under the speaker's care on the twelfth day, having fasted one week, and then taken a little fluid diet. She had a decided sense of sticking and obstruction when swallowing anything. In swallowing water there was, on auscultation over the fifth and sixth dorsal spines, a loud swashing sound as the fluid passed round the obstruction. A medium-sized œsophageal bougie could not be passed. The coin-catcher caught after passing and could not dislodge the body, but caused a little bleeding from ulcerated points. It was, therefore, removed and the patient etherized. Again it was adjusted below the object, and with firm and rather severe traction the plate was released. In the pharynx it fell out of the coin-catcher and was grasped with a forceps. No dysphagia followed, and patient made a speedy recovery.

Cancer of the Male Breast.

Dr. SINCLAIR TROUSEY, JR., of Brooklyn, reports in the *Med. Record* an operation for extirpation of cancer in the male breast, performed by Professor T. M. Markoe, at the New York Hospital. The patient was forty-five years of age, had always been strong and hearty, had never had venereal disease, and gave a negative family history. Twenty-five years ago a small tumor appeared under the left nipple, but it gave no pain, except when struck or pinched. Five years ago it began to increase in size, and shooting pains were felt in the breast. During the past year it had grown rapidly, and little pustules had formed and opened, discharging purulent matter. The tumor had attained the size of a small orange, was freely movable over the subjacent tissues, but was evidently malignant in its nature. It was rather flattened and biscuit-shaped, and there were numerous enlarged and indurated maxillary glands. Elliptical incisions were made, embracing the tumor, and it and the axillary glands and neighboring areolar tissue were removed. The wound was closed by catgut sutures, a single supporting stitch of silver wire being inserted to relieve tension. Upon examination of the tumor, it was found to have invaded the entire mammary gland, which was considerably

enlarged. The chief point of interest in the case was that it was one of cancer of the male mammary gland, an occurrence of some rarity. Of 102 cases of cancer of the breast recorded by Dr. S. W. Gross, only two were in the male subject, and very nearly the same proportion has been observed by other investigators.

Fracture of the Penis.

Dr. A. A. CONKLING thus writes in the *Peoria Med. Mo.* for March: I was called at midnight, November 1, 1885, in haste, to attend Mr. W., a carpenter, aged 35, weight 215 pounds. The messenger would give no idea of the trouble I had to contend with. On entering the house I noticed a serio-comic expression on the countenances of all, especially the wife. In a room adjacent lay the patient, with a beautiful picture of despair on his face. I questioned his condition. He said that a short time before, while in a doze or half sleep, he had an erection, and in attempting to bend the organ down with his hand he said it suddenly broke with an audible sound. I found the following condition: The penis (*corpora cavernosa*) was fractured about midway in its length. In the upper and left two-thirds there was a decided separation of continuity with great extravasation of blood, which filled the skin to its utmost distention, with considerable discoloration.

With regard to the treatment I would say that it was new with me. I made a neat pasteboard splint, well padded, and applied it, turned the organ up against and a little to the left of the abdomen, held in place by a T bandage. There was but little pain, two slight attacks of priapism. The same treatment was continued. At the end of two months there was a hardened ridge at the seat of the fracture, which gradually disappeared, and at this time, March 1st, is hardly noticeable, and he now says it is just as useful a member as there is in his family, although at one time he thought it would only do to stub around with.

A Rather Rare Surgical Lesion.

J. P. W. thus writes in the *Southern California Practitioner*: Was called to see M., aged 20, who had fallen, about half an hour before, from a chair upon which she had been standing, striking right knee upon the chair as she fell. Found her lying on the floor where she had fallen, unable to move because of violent pain in the right knee, leg semiflexed, knee broader than natural, with prominent lump on outer side.

Had her lifted upon bed, when examination showed patella completely dislocated and lying upon outer face of knee. Had leg extended upon thigh, and thigh flexed upon body to relax the rectus femoris, when with rather firm pressure of both thumbs against the outer surface of the tumor, as the hands grasped the leg, the patella slipped over the prominence of the condyle and resumed its normal position with an audible snap. Relief of pain and return of motion to joint were immediate.

Ordered rest for some days, with support to injured part by means of elastic leg of stocking drawn over knee.

It was the first case of the kind I had met with. Bryant says of it, "These are not common accidents, but seven occurred at Guy's (hospital) in ten years."

The dangers in this lesion are from the after-effects. There is apt to be a rup-

ture of the synovial capsule, with inflammation of joint, and possible stiffening, a possibility of which the patient should be warned. In this case no ill after-effect was observed, except soreness and swelling for a few days. The knee bandage was directed to be worn for some weeks afterward, as the trouble is apt to recur.

Surgical Relations of the Ileo-cæcal Region.

Before the American Medical Association, Dr. J. McF. GASTON, of Atlanta, Ga., said that a thorough investigation of the morbid conditions of the ileo-cæcal region, had led him to the following conclusions:

1. That certain modifications are corrected spontaneously, or by the process of evolution under treatment.
2. In the early stage of ileo-cæcal disorders, medicinal or mechanical measures are advantageous.
3. That extra-peritoneal punctures and incisions are beneficial in cæcal inflammation, with or without fœcal abscess.
4. Disorders involving the peritoneum, when not promptly relieved by general treatment, warrant exploratory opening of the abdomen.
5. Impediment of the intestinal canal or morbid accumulations in the abdominal cavity, accompanied by meteorism, call for immediate surgical interference, with laparotomy.
6. In cases of simple stenosis or malignant growths involving the ileo-cæcal connections, ileo-colotomy is indicated.
7. Gangrenous portions of the intestinal canal necessitate resection, and either direct restoration by suturing the ends or the formation temporarily of an artificial anus.
8. Operative measures in ileo-cæcal derangements should not be delayed until the physical powers have become prostrated, but resorted to while they are in a capacity for reaction of the vital forces.

Indications for Opening the Mastoid Processes.

Dr. A. R. BAKER (*Cleveland Med. Gazette*, February, 1886) publishes the following summary as to the most recently stated indications for opening the mastoid processes in cases of purulent disease of the middle ear:

1. Purulent inflammation in the mastoid process appearing in the course of suppuration of the middle ear, when persistent, severe pain in the bone cannot be subdued by the application of the ice-bag, leeches, or by Wilds's incision (Schwartz).
2. Painful inflammation in the mastoid process occurring in acute and chronic suppuration of the middle ear, in consequence of growths filling up the external meatus or the tympanic cavity. When attempts to remove the obstacle to the free escape of pus have failed, the operation is imperative (Grüning). The operation is indicated even though the soft parts over the mastoid are not swollen or infiltrated (Politzer).
3. When the posterior superior wall of the meatus is bulging, and when, after incision, the abscess is not emptied and the symptoms of retention of pus continue (Toynbee, Duplay).
4. Persistent pain and tenderness in the mastoid process, lasting for days or

weeks, in which there is probably an osseous abscess not communicating with the tympanic cavity (Politzer).

5. In every suppuration of the middle ear, combined with inflammation of the mastoid process, in which fever, vertigo and headache are developed during the course of the affection, which may indicate a dangerous complication. In such cases the indication for the operation is vital (Politzer, Roosa, Buck).

Retroperitoneal Tumors.

In his address before the American Medical Association, Dr. N. SENN said that the extirpation of the retroperitoneal tumor by laparotomy must be looked upon as one of the most serious and difficult operations in surgery. Aside from the unusual difficulties encountered in arriving at correct conclusions as to the exact seat and nature of tumors in the retroperitoneal space, the technique for their removal remains to be improved by future research and experimentation.

Dr. Homans has reported two cases of retroperitoneal tumors removed by abdominal section. In the first case the operation was performed for a myxolipoma in a man thirty-nine years of age; the tumor had been growing for two and a half years. The second patient was a woman, sixty years of age, suffering from a lipoma. The tumor was located in both cases on the right side. In the first case another tumor was found in front and toward the left of the spine, which could not be removed. Both patients died soon after the operation. In the first case the mesentery of the ascending colon was detached to gain access to the tumor. Homans very properly warns against such extensive deprivations of vascular supply to the bowel in the particular locality. He advises, under such circumstances, either enterectomy and enterorrhaphy, or the formation of a preternatural anus. It would seem that in some of these cases, in which the tumor is of moderate size, the operation would be easier, and the results better, if a lateral abdominal incision were made without opening the peritoneal cavity. In approaching the tumor through the peritoneal cavity, after dividing the overlying peritoneum, the enucleation of the tumor should be accomplished by the use of blunt instruments, and with special care to preserve the integrity of the mesenteric vessel, so as to avoid, if possible, the necessity of enterectomy and enterorrhaphy.

Scald of the Throat.

Before an English medical society, Dr. WHITTLE brought forward a child, aged 2 years, admitted on November 14th last to the Children's Hospital, suffering from effects of scald of the throat, and treated by large doses of calomel (after Dr. Bevan's method), with very satisfactory result. The child had drunk boiling water from a teapot, and had the lips and fauces swollen and blistered; there were a hard cough, urgent dyspnoea, pulse 120, and general signs of collapse; tracheotomy was thought probable. After a hot mustard bath and fomentation of the throat, he was placed in a steam-tent, and one grain of calomel ordered every half hour, until green motions occurred. He took the first powder at 1 a. m., and continued the treatment regularly all night without sickness or diarrhoea, but also without evident improvement. Next morning, pulse 124, temperature 100.8°. The child had taken very little milk. A nutrient enema given was mostly re-

turned. The tongue being coated with calomel, two grains of powdered rhubarb were ordered, and afterwards the grain-doses were continued until 12.30 a. m. (November 16), when a green slimy stool was passed, 41 grains of calomel having been taken. The breathing now improved. There was no swelling of the gums, and only slight dribbling of saliva. He took milk and lime-water. The calomel treatment was now stopped. After this he improved. On the 21st, he was able to take bread and butter, and soon made a good recovery. In four similar cases treated by Dr. Bevan, of Dublin, between 50 and 60 grains of calomel were taken with success and no bad result; and he stated that green stools might be expected in eight to twenty-six hours after the first dose. In the present case, they occurred twenty-eight hours after.

Fracture of Coracoid Process of Scapula.

Dr. L. E. BORCHEIM thus writes in the *Atlanta M. and S. Jour.* for May: Instances of fracture of this process of bone are so rare that if, from no other motive, their scarcity entitles them to publication when they do occur.

Packard, of Philadelphia, mentions (Vol. iv. *Internat. Encycl. Surg.*, p. 114) that he saw three cases in 316 fractures, and Erichsen (*Surgery*, Vol. i, p. 410) says that there are but ten or twelve unequivocal cases on record. As is usually the case, this accident occurred as the result of direct violence as follows:

S. D., aged 66 years, while walking along the street, was struck full on the right shoulder by a runaway horse, lifting him bodily from off his feet and violently throwing him against an iron column; upon examination, I found, among other injuries of which I shall make no mention, pain about the shoulder very severe, patient complaining that his arm was broken, but found that no false point of motion was apparent until I came to the coracoid process, manipulation about which caused exquisite pain. Some crepitation was made out, and a slight degree of displacement. Considering the strength of the muscles attached to this process of bone, we would naturally expect to find great displacement, but this was not the case, and is explained by the fact that it gives insertion to ligaments whose fibres are expanded over it, thus maintaining in a measure its integrity. (Erichsen.)

The treatment consisted in relaxing the pectoralis minor, coraco-brachialis and biceps, which was accomplished by placing the arm in a large triangular sling, flexing the forearm on the arm and keeping it close to the chest by a turn of roller bandage.

Dr. Gaston saw the case with me, and concurred with my diagnosis.

A Tumor in the Perineum.

Dr. G. W. DUNCAN thus writes in the *American Practitioner*: Twenty-eight years ago Mr. J. B., of Franklin, Ky., sixty-three years of age, of good habits, and free from any constitutional or hereditary taint, discovered a small superficial tumor about the size of an ordinary pea at a point near the center of the perineal space. It enlarged very slowly, until it became a matter of inconvenience to the patient when riding horse-back or sitting in a chair. Two years ago it had reached such dimensions as to interfere with the acts of micturition and defecation, but still he bore it without complaint, and did not seek the ad-

vice of a physician until six weeks since, when obstruction to the passage of water was complete.

At the time I saw the patient, the tumor was superficial and movable under the skin. It was about the size of a goose egg, and so hard as not to be penetrable with a hypodermic needle. It infringed on the urethra so as to resist the introduction of a catheter of any size. Aspiration of the bladder was required twice a day for three days before the patient would consent to the removal of the growth. The operation was performed by Dr. Douglass, assisted by Drs. Gardner, Millikin, and myself.

The tumor was inclosed in a fibrous sac, from which it was removed without much difficulty. It weighed eight ounces; its structure appears to be solid bone, and so hard as to resist the sharpest instrument.

After its removal we were still unable to introduce the catheter, and so continued aspirating the bladder in the supra-pubic region for six days, morning and evening, at the end of which time urine was discharged in sufficient quantity by the natural passage.

At this writing the patient is convalescent, and shows no untoward symptom as a result of the frequent introduction of the needle into the bladder.

Sarcoma of the Ribs Involving the Diaphragm.

M. HUMBERT records, in the April number of the *Revue de Chirurgie*, the case of a woman, twenty-one years of age, who was admitted into the Hôtel Dieu in 1883, with a sarcoma growing from the eighth and ninth ribs on the right side. M. Peyrot attempted its excision, and in so doing wounded the pleura and caused a pneumothorax. He therefore contented himself with removing the superficial part of the mass. The wound healed, and in December of the same year the patient came under M. Humbert's care. The tumor was then the size of a chestnut, ulcerated in the centre, and there were signs of pleural effusion. A second operation was performed; the surface of the tumor was freely exposed, and the seventh, eighth, and ninth ribs, which were involved in it, were divided at each side of it, nine centimetres of the bones being removed. The tissues in the sixth and ninth intercostal spaces were then divided, and the mass removed. The pleural cavity was opened, and a considerable quantity of fluid escaped from it. On cleansing this cavity a hole was discovered at its lower part; this was enlarged and explored, when the liver, colon, and coils of intestine were clearly seen. This wound in the diaphragm was closed with five catgut sutures, and then the superficial structures were sutured. For a day the patient was very collapsed, but convalescence proceeded without complication, and the wound healed except a small sinus at the lower part. Around this sinus a recurrence of the growth took place, and in December, 1885, M. Pozzi performed a third operation, under which the patient sank. The case is mainly interesting as an instance of a wound of the diaphragm which united without any inflammation of the abdominal structures. Considering the impossibility of giving complete rest to this muscle, such a result is particularly satisfactory. Where tumors are known to involve the diaphragm their removal should not be attempted: but if during an operation this muscle is injured, it should be carefully sutured, as in this case.

Abscess of Kidney Treated by Frequent Tappings: Recovery.

Dr. THOMAS EDWARDS thus writes in the *Lancet*, May 15: On Dec. 4th, 1885, W. V——, aged twenty-three, of this village, working in London as a grave-digger, returned home complaining of constant pain of a dull aching character in the lumbar region, which he had had for the last eighteen months. He had been treated for lumbago and liver disease. The family history is good. He stated that he had never injured himself to his knowledge, and that he had "shivering fits" continually.

On examination the patient was greatly emaciated, appearing as one in the last stage of phthisis. There was pain on pressure over the right kidney, also pain on fully extending the right leg. There appeared to me deep fluctuation midway between the last rib and the crest of the ilium. Hectic fever and rigors were present; the urine was scanty and high-colored, albuminous, but free from blood or pus; there was also profuse diarrhœa. I inserted obliquely upwards a trocar and canula (one I usually carry in my dressing-case) to its full length, midway between the last rib and the crest of the ilium and two inches from the spine, and drew off a tumblerful of offensive pus resembling cream.

For the following two days the patient's condition improved, but soon afterwards all the bad symptoms returned. I again tapped and drew off another half pint of pus. I repeated this operation five times, drawing off altogether three pints and a half of pus, the last drawn being terribly offensive. On each occasion the small wound made by the trocar healed in a day or two. The patient's condition after this greatly improved; the pain, fever, and rigors disappeared; he could walk, had a good appetite, and was rapidly gaining flesh. I gave quinine throughout, but now added tincture of iron and cod-liver oil. About three weeks after the last tapping the patient complained of an uncomfortable feeling in the old place, but no pain. I again tapped and drew off three pints of clear amber-colored fluid resembling urine; this operation I repeated several times, but on each occasion less came away, until it disappeared. The patient has quite regained his health and strength, taking long walks daily. Urine normal.

Foreign Bodies in the Rectum.

Dr. W. N. PERKINS thus writes in *Daniel's Texas Medical Journal*, for May. The subjects of both cases were robust and well developed negro men.

First case.—A man weighing about 160 pounds, 54 years of age, with no deficiency of physical organization, except a hare-lip and cleft palate, on account of which his articulation was so imperfect that it was difficult to understand him. He had been suffering severely for a day and night. I heard his cries before entering his house. When I entered his room he was over the chamber, and the impress of pain was as vividly stamped upon his countenance as I ever saw it upon a human being. He exclaimed: "Oh, doctor, for God's sake do something for me!" I immediately administered a dose of morphine hypodermically, and though a large dose, it gave him only partial relief. The excessive tenesmus and tormina caused me to believe that there was a foreign substance in the rectum of some kind. Having placed him in a proper position, I introduced my finger, and to my great astonishment discovered a large needle, such as is used for sew-

ing quilts in frames, lying obliquely across the rectum, just above the sphincter, and firmly imbedded in its walls. The needle had a double thread in it, six or eight inches long. I succeeded with difficulty in extracting it; after which he quickly recovered. His wife recognized the needle, and remarked that she knew it was lost, and had more than once hunted for it, but had never thought to look for it where it was found.

Second case.—An unusually robust and well-developed young negro man, 28 years old. I treated him for dysentery. When first called to him he was having bloody stools with much tenesmus. I prescribed sulphate of magnesia and tr. opii. At my second visit he had had several copious evacuations with but slight temporary relief. I examined his rectum and extracted a bone, the vertebra of a hog, as large as a small-sized hen's egg. It was of a porous worm-eaten nature, from the appearance of which I supposed it had been in some part of the alimentary canal for several weeks. He recollected having made his dinner on backbone about three weeks before his attack of sickness.

Puncture of the Nerve Sheath in Sciatica.

SIR JOSEPH FAYRER thus writes in the *Practitioner* for April: Some years ago I was asked by a medical man in Calcutta to see a case of aggravated sciatica of long standing in a man of middle age. The pain was very severe, continuous and liable to increase, of a paroxysmal character. The posterior muscles of the thigh were somewhat atrophied; the patient himself was wasted and worn by continued suffering and deprivation of rest and sleep. There was no history of syphilis, gout, rheumatism, or other specific cause. A malarial origin of course was possible, but so far as I can remember there was no satisfactory explanation of the origin of the disease. All the usual methods of treatment had been resorted to, but without relief. On examining the limb carefully I detected with some feeling of fluctuation a fulness and tenderness in the course of the sciatic nerve near its origin in the upper part of the limb; I thereon introduced a long narrow knife into the swelling until it entered the sheath of the sciatic nerve: this gave exit to a certain quantity—a couple of drachms or so—of clear serous fluid, which was followed by immediate relief of suffering, and rapidly resulted in complete recovery.

I have seen other cases, none so well marked as this one however, and with much less effusion of fluid, where incision, or rather I should say puncture, has given relief; but I am not aware if others have had similar experience, and would call attention to it as of practical interest. It has long been known that acupuncture with needles not infrequently gives great and permanent relief in some forms of deep-seated pain; indeed, it is practised by some Oriental races for this purpose. I think it possible that its success may sometimes be due to the relief of tension caused by evacuation of the fluid which has accumulated as a result of inflammation in large or small nerve-trunks. The painful character and the obstinacy of these affections to treatment would induce one gladly to accept any suggestions which afford prospect of relief. I should be glad if the experience here related were to prove of use to any one who finds himself embarrassed by an obstinate case of sciatica or other form of neuralgia.

A Case of Rare Injury to the Pelvis; Death; Necropsy.

Mr. LANGLEY BROWNE reports this case in the *Lancet*, May 15: E. H——, aged twenty-six, a powerfully-built man, was admitted on December 13, 1885, in a state of extreme collapse. He had been raising a grindstone weighing nearly two tons, when the crane chain slipped, and he was knocked down, the grindstone falling on his left hip and remaining there for some minutes before it could be removed. The left limb was colder than the right; there was pulsation in both of the tibials; no sign of fracture; swelling above Poupart's ligament extending along the iliac crest; very little bruising; a small wound in the perineum a little to the right of the raphé. When a catheter was passed into the bladder, bloody fluid rose and fell with the respirations, but no urine passed.

There being evidently ruptured bladder, it was resolved to open and clean the abdomen, to stitch up the bladder and drain; but before doing this the perineal wound was enlarged so as to admit an exploring finger. A tremendous gush of clots then took place, followed by very free hemorrhage. An incision was then made above Poupart's ligament, and the swelling found to consist of blood-clot. The external iliac was then exposed by pushing up the peritoneum, and it was then seen that the epigastric artery was torn off from the external iliac, leaving a hole in the side of the latter, from which the hemorrhage arose. A ligature was passed above and below the aperture, and all hemorrhage ceased. The patient died in four hours from shock. After death it was found that both rami of the pubis were fractured obliquely, and that they had been greatly displaced under pressure, returning to their normal position when the pressure was taken off. The upper fractured ramus had torn off the epigastric and had lacerated the bladder; the lower one had torn across the urethra and inflicted the perineal wound. As all the injuries were extra-peritoneal, a long drainage-tube was passed from the iliac incision through the perineal wound, the course which the blood had taken after rising along the crest of the ileum. In this case abdominal section would have been of no use.

Pyogenic Cysts after Operation for Fistula in Ano.

DR. GEO. N. MONETTE thus writes in the *Jour. Am. Med. Ass.*, April 3: Resultant upon operations performed for fistula in ano, I have had under my observation two cases presenting localized pyogenic cysts. I say cysts, because of the fact that, for a certain length of time, the secretion was not apparent, and when the cystic calibre was exhausted, there would be a flow of pus for several days, until it became encysted again. Since both of these cases were operated upon by incision, I have been constrained to express a preference for the *ligature* in the destruction, curatively, of fistulous canals.

The incised canal, with its continuity severed, is prone to heal too quickly to perfect the destruction of the pyogenic surface of the canal. On the other hand, the ligature, being drawn taut, approximates the internal and external orifices at once, strangulates, and apparently makes a deep fistulous canal seem to be a superficial one. Granulations supply the underlying pyogenic membrane with such rapidity that the same is readily detached, brought or pushed to the surface, and destroyed more completely.

One of the cases I operated upon myself by incision, the wound healing, and apparently my patient was cured radically. A cyst was superficially located on the nates, near the outlet of the canal, which had no connection with the rectum, nor was it deep in muscular structures. It was made manifest to me at once, that the source of this was in a portion of the pyogenic canal not having been completely destroyed by the operation, which is due to no fault of the operator, but to a tenacity of life in the pyogenic membrane forming the fistulous canal, which soon organizes, becomes encysted, and produces pus and develops into a cyst.

The second case was operated upon by another physician (since deceased), with identical complications. I probed the depth of this case, and found that the cavity was one-fourth of an inch only, and of course not having any connection with the rectal canal, nor communicating with any remote pyogenic surface, membrane or canal.

The treatment of such cases is patent: first, we can but destroy the pyogenic surface by cauterization, thereby promoting granulation, filling up the cavity until the continuity of the integument is reestablished.

Pharyngocoele.

To the Academy of Medicine in Ireland, Mr. WHEELER communicated a case he had successfully operated on for pharyngocoele and dilatation of the pharynx, together with a diverticulum at the lower portion of the pharynx.

The patient was aged fifty-seven years, had a fair antecedent history.

In 1884 he complained first of the above affection, which caused the following train of symptoms: He could not lie down at night without feeling a sense of choking, as if his throat was impeded by some large mass; so great was his distress that he had to get out of bed and sit in a chair; in rising from the horizontal to the perpendicular he was subject to recurrent fits of coughing; during a night he would get up about a saucer-full of clear sticky fluid, with occasional froth; talking was always followed by coughing, and was very indistinct, resembling the voice of one whose vocal cords had been eroded; at times he was quite unintelligible. To swallow food was very difficult, except in small particles, and even then they stuck in his throat, to be again coughed up some time later.

When Captain E. first presented himself to Mr. Wheeler, a tumor was observable on the right side of the neck, lying over the ramus of the lower jaw and extending to below the thyroid cartilage.

The patient was operated on the 13th of June last. An incision having been made from the ramus of the lower jaw to well below the thyroid cartilage, a large piece was cut out of the pharynx commencing a little below the ramus of the jaw to the lowest part of the dilatation. And now the pharynx had to be pulled up, as a pouch existed at its inferior portion, and lay posteriorly to the œsophagus; this pouch was about the size of a walnut, and in it the food used likewise to lodge. The edges of the pharynx were brought together by points of interrupted suture, afterwards the muscular tissue, and finally the skin.

Mr. Wheeler was unable to obtain a record of any similar case that had been operated on; and quoting from Von Ziemssen, he found that twenty-seven autopsies had been recorded, that author stating "that the radical cure of diverticula from without is at the present time one of our vain wishes." In conclusion, Mr.

Wheeler stated that the patient was in excellent health, and that his voice was quite restored. Photographs and drawings of the patient were exhibited.

Tuberculosis of the Tongue.

Before the Montreal Medico-Chirurgical Society (May 1st), Dr. STEWART exhibited a woman aged twenty-eight, who had been complaining for over four months of cough, purulent expectoration, night sweats, loss of flesh, etc. Father and mother still living and in good health, but had lost a brother and sister from phthisis. When she first came under observation, three months ago, there was distinct evidence of consolidation of both apices, and this condition still continued. The patient was hoarse, and complained of pains in the larynx, and also in the throat when swallowing. Dr. Major had examined the larynx, and found a tubercular nodule about the size of a grain of wheat in the inter-arytenoid space. The tip of the tongue was superficially ulcerated to almost the size of the little finger-nail. From the centre of the ulcerated surface, a fissure extended into the substance of the tongue to the depth of about a quarter of an inch. The tissues immediately surrounding were hard and nodular. No pain on pressure nor any discharge. Shortly after the sore was noticed the patient experienced a severe pain in it. This continued to increase in severity up to the time when she first came under Dr. Stewart's care. At that time the pain was so severe that she found it almost impossible to eat or even to speak. The local application of iodoform quickly relieved the pain, but otherwise it did not seem to have had any influence over the cause of the local trouble. Lately Dr. Stewart had employed equal parts of a half per cent. of papayotin, glycerine, and water, as a local application, the object being to influence directly the tuberculous infiltration. From the well-known properties that this drug has in dissolving albuminous tissues, he thought it might be of service.

Dr. Stewart looked upon the case as undoubtedly one of tuberculous ulcer of the tongue. Although the secretion from the tongue had been examined on two occasions, no tubercle bacilli had been found.

Dr. Major stated that he had found in this case tuberculous disease of the larynx, and spoke of the benefit of iodoform in these cases. He used it in large quantities, mixed with equal parts of gum acacia. In reply to a question raised by Dr. Shepherd as to the influence of iodoform, when used as a local application, in producing pneumonia, Dr. Major stated that he had used the drug extensively for years in tonsillar and laryngeal disease, and had not encountered any untoward result.

Operative Treatment of Facial Neuralgia.

Dr. GEORGE R. FOWLER thus concludes an article in *The Annals of Surgery* for April:

The following conclusions, may be advanced as the result of the experience of surgeons up to the present day:

1. Neuralgias of the fifth cranial nerve, of peripheral origin, which have resisted methods of treatment other than operative, may be expected to yield to the operation of neurectomy of the trunk or trunks whose branches are distributed, to the painful area. In this class of cases the neurectomy should be carried, if possible, to the point at which the nerve makes its exit from the cranium.

2. Cases of central origin should be first submitted to a limited neurectomy conjoined with nerve-stretching, in the hope that the process of degeneration thus set up, together with the rest gained by interrupting the centripetally conducted stimuli may favorably influence the diseased central organ. In case of relapse this may be repeated, providing the period of rest thereby gained corresponds to the length of time which Waller's investigations show to be usually occupied by the process of degeneration and regeneration. If no relief is gained, a similar operation should be performed upon all of the divisions of the fifth nerve. This failing, a complete neurectomy of each division accessible should be done; and finally, ligature of the common carotid may be tried as a last resort.

3. In cases of doubtful origin, a complete neurectomy followed, in cases which relapse by ligature of the external and common carotid, in turn, hold out the best prospect of cure.

4. A complete neurectomy of the second division of the fifth necessarily involves the extirpation or destruction of the spheno-palatine ganglion; and to this fact rather than to any intrinsic tendency of the ganglion itself to keep up the irritation causing the neuralgia, is to be attributed, in all probability, any increasing immunity from relapse claimed to have been obtained in those cases in which Darnochan's operation has been performed.

5. No patient should be denied, other things being equal, the chance which any one, or all these operations in turn may give him of escaping, even for a short time, the intolerable suffering incident to an intractable or otherwise irremediable facial neuralgia.

Laryngotomy; Recovery.

Dr. LAFFAN thus writes in the *Lancet*, April 17: The following case of successful laryngotomy may prove interesting from the encouragement which it holds out to prompt action in like emergency. Dr. Laffan knows of cases where life has apparently been lost from want of operative measures in similar circumstances.

M. N——, farm laborer, aged fifty-three, was admitted at 4 p. m. on July 30, 1885. He complained of sore throat and had some slight difficulty of breathing. On examination, signs of an ordinary attack of pharyngitis presented themselves. The uvula was more swollen than usual; but to this much significance was not attached. Therefore some routine treatment was ordered, and he was sent to one of the wards. An hour had scarcely elapsed when Dr. Laffan was hurriedly sent for, with the announcement that the patient was dying. In about ten minutes he was found suffering from such extreme dyspnoea as to promise speedy asphyxia. The imminence of his danger was explained to him, and his permission obtained for operation. The larynx was at once opened through the crico-thyroid membrane; there was scarcely any bleeding, and a dilating tube was easily inserted. At the moment of operation he fell back apparently dead, but the entrance of air into the chest, a subcutaneous injection of ether over the sternal region, and ammonia to the nostril quickly revived him. Notwithstanding that every possible precaution was taken, such as regulated temperature, hot steaming, etc., the patient was seized with pleuro-pneumonia of the right base twenty-four hours after the operation. Fourteen days after this he was attacked

with pleuro-pneumonia of the left side, and it was not till after the lapse of five months that he recovered perfectly. He was detained in the hospital some time longer, as his family circumstances were poor, and Dr. Laffan was anxious to avoid exposing him to the hardship incidental to a damp house and scant living. The tube was maintained in for eight days only, and the wound healed a few days afterwards.

The pain which ushered in the inflammation of the right lung was situated so near where the ether was injected that it was thought not impossible that there might be some connection between the two; and when the second lung was seized it followed immediately on the opening of a small abscess, which formed at the point of injection. Dr. Laffan would prefer to select the arm or leg for the seat of injection on another occasion.

The Method of Antyllus for the Treatment of Aneurism.

The *Med. News*, May 29, says: In the *Med. News* for May 1st, we called attention to the method of Antyllus, especially as applied to the treatment of popliteal aneurism, and urged the advisability of reconsidering the general judgment against this method, in view of the advances of modern surgical technique. Since then there has come to hand an interesting communication on the same subject in the *Edinburgh Medical Journal*, February, 1886, by Prof. THOMAS ANNANDALE, in which views similar to our own are supported by a sensible argument, and by an account of most favorable results obtained by Mr. Annandale in three cases. The opinions of this writer are so like those which we have already expressed that we need not repeat them all. But we may quote his conclusions, namely, that the method of Antyllus is to be preferred to ligation in Scarpa's triangle, in the treatment of popliteal aneurism: 1. In cases of large aneurisms filling up the space, and interfering by pressure with the venous and other circulation of the limb below, or causing serious nerve pressure. 2. In rapidly growing aneurisms, which have attained some size. 3. In ruptured and diffused aneurisms. 4. In aneurisms which have involved the knee-joint by pressure. 5. In aneurisms attacked with inflammation and suppuration. 6. In aneurisms which the ligation of the femoral artery and compression have failed to cure. 7. In arterio-venous and other aneurisms of traumatic origin. 8. In cases of general arterial disease, provided surgical interference is considered advisable or necessary.

The operation should, of course, be done with antiseptic precautions. The femoral artery should be compressed with a tourniquet. The sac should be laid open freely, any contained clots should be turned out, the arterial openings into and out of the sac should then be closed with ligatures, the sac thoroughly disinfected, the incision sewed up after the introduction of a drainage tube, and the wound dressed antiseptically. A very ingenious feature of the technique of this operation, as practised by Prof. Annandale, consists in his method of ligating the vessel, or vessels, communicating with the sac. This is done by introducing a bougie of suitable size into the openings from the side of the sac, in making a small incision through the wall of the sac on each side of the bougie, and in passing the aneurism needle through these round the vessel, the ligature being tightened as the bougie is carefully withdrawn. This detail we would recommend as

a very material improvement upon the former manner of securing the vessel or vessels, and we feel little doubt that it will be found to contribute to the ease of performing the operation, to the convenience of the surgeon, and to the good of the patient.

Epithelioma of Rectum—Removal of Lower Three and-a-half Inches—Recovery.

Mr. J. ASTLEY BLOXAM reports this case in the *Med. Press*, May 5th: William S., æt. 57, laborer, came in the hospital on the 1st of July with the following history: About last Christmas he began to feel great irritation, as the patient expressed it, in the lower end of the gut. In the course of a month this amounted to positive pain, and he began to pass blood from time to time. He managed to keep at his work until about five weeks ago, when the pain was too great to allow of him doing so. He had a sister who died of "cancer of the breast" at fifty years of age. There are cicatrices in the groin. Mr. Bloxam examined patient and found what he diagnosed to be an epitheliomatous growth on the right side of the anus, which extended for about a couple of inches into the rectum. Some enlargement of lumbar glands was present. He was ordered to keep his bed, to take two teaspoonfuls of conf. sulph. every other morning, and to have a morphia suppository at bed time. Patient complains of a good deal of abdominal pain.

On July 7th, the patient being anæsthetized, Mr. Bloxam made an incision round anus extending down to the coccyx, and then, by means of the finger, separated the gut from the coccyx, etc., behind, and from the urethra in front. The gut was then transfixed with needles beyond the growth, and removed by means of the *ecraseur*. No great hæmorrhage. A plug of oiled lint was inserted into what remained of the rectum, and a T-bandage loosely applied. To take gr. j. of opium every hour.

July 11th. The bowels acted three times this morning: wound was syringed out with weak solution of permanganate of potash after each motion. No pain, no difficulty in passing water. Is in good spirits.

19th. Wound looks healthy; the skin over the sacrum is red and somewhat tender.

August 2d. Patient was ordered ʒiiss. of mistura alba, which moved the bowels three times, after which, as he seemed very low, he was ordered half an ounce of brandy every three hours.

10th. Patient very much improved. Wound is doing well.

On the 17th a rectal bougie was passed, and this is to be done daily.

31st. Patient is able to retain his motions fairly well. He is gaining in strength, and has been able to get up every day for the last fortnight. He was discharged to-day in a very good state of health.

A Unique Rectal Case.

Dr. J. M. MATHEWS thus writes in the *Medical Herald* for March: About eight months ago a patient was sent to me from one of the interior towns of Kentucky, with the following history: Age, sixty-two; female. Had complained of severe pain in the rectum for many months. Though increased during the act of defe-

cation, the pain was continuous, and radiated down the thighs and up the back. Being reflected upon the genito-urinary organs, it caused a disposition to urinate often, which act was attended with pain. A muco-purulent discharge was noticed with each action from the bowels. A constant feeling of uneasiness, described as a heavy weight in the rectum, was constantly felt. There was a condition of general lassitude, and some flesh had been lost in the twelvemonth. From this history, together with her age, I suspected malignant trouble, and suggested an examination. The following condition was found: Just within the anus, encroaching upon the external sphincter muscle, inclined to the left side and extending to the dorsal aspect of the gut, was a well-defined tumor, *very hard*, painful to the touch, and slightly ulcerated. No other disease of the rectum existed, nor did this resemble any affection incident to this locality save cancer. I therefore concluded that this was the correct diagnosis, told her so, and advised an operation. To this she readily consented, remarking to me that this opinion coincided with hers, and that so thinking she had "put her house in order" and was now willing to accept whatever might be the result.

Having put her under a preparatory treatment, we agreed as to the time for the operation. During the interim she was attacked with pneumonia. Upon her convalescence I advised, together with her physician, that she return to her country home that she might recuperate sufficiently to have the operation done. She acted upon this advice, and this was the last I heard of her for several months.

Meeting a relative of the patient's, he said to me that she (the patient) had one day, in going to stool, noticed a more sensitive condition of the parts than usual, and, as had been her custom, she inserted her finger into the rectum. Upon doing so it came in contact with a very sensitive and unusually hard point upon the surface of the tumor. As was natural, she pushed her investigation and was rewarded by finding that this one point was movable, and at last succeeded in getting it out of the rectum, when to her great astonishment it proved to be a large molar tooth well filled with gold. She then related that *fifteen* years prior to this time she had swallowed a tooth during the extraction of many by a dentist.

Query 1st. How long had this tooth been imbedded in the rectum?

Query 2d. Was not the diagnosis of cancer (?) a natural one?

Urethral Fever, with a Record of Three Fatal Cases.

The following is an abstract of a paper by Mr. F. SWINFORD EDWARDS, in the *Med. Press*, April 2:

During the past three years at St. Peter's Hospital for Stone, urethral fever, generally the acute transient form, followed in exactly 50 per cent. of all strictures operated upon under an anæsthetic. In 59 cases without an anæsthetic, rigors only followed in 10 cases. As regards internal urethrotomy, anæsthetics were given 47 times, followed in 20 cases by rigors. It was also done 47 times without an anæsthetic, rigors occurring in 19 cases only. The following fatal cases were related:

Case 1.—Stricture for three years. Retention. Ineffectual attempt at catheterization followed by hemorrhage. Relief by means of a railroad catheter after

admission into the hospital. Rigor, delirium, suppression of urine, death on the third day. Post-mortem: False passage in urethra, which was in a sloughing condition, commencing endocarditis, minute extravasations of blood upon pericardium, peritoneum, and pleuræ.

Case 2.—Stricture for nine years in an old man. Hemiplegia and death following the passage of a bougie, on the third day. Post-mortem: Cerebral arteries extensively atheromatous, with a recent hemorrhage in right external capsule.

Case 3.—Stricture. Internal urethrotomy. Death from septic poisoning on the 15th day. Post-mortem: Pleurisy, pneumonia, numerous metastatic abscesses in lungs. Wound in urethra healthy looking, though the veins in the neighborhood were plugged.

In conclusion the author remarked that he had never known rigor follow urethrotomy or divisions of anterior strictures, where the deep urethra was left untouched. In his opinion, urethral fever may be due either to local irritation or to absorption, and probably in some cases it was due to a combination of both of these. With regard to local irritation he pointed out that in certain stricture cases the mere passage of a bougie was followed by rigors, which did not recur after the division of the stricture. If in these cases the rigors and rise of temperature were due to absorption, how was it possible to explain the non-recurrence of these symptoms when a wound of the urethra had been subsequently inflicted, and the conditions made eminently favorable for absorption to take place. He believed that such cases of fever were probably of neurotic origin. The occurrence of urethral fever might be avoided by following out the following suggestion, viz., by puncturing the bladder through the rectum before performing internal urethrotomy, in order to divert for a time the urinary stream, and thus prevent the urine coming into contact with the wound, for it is this contact by which urethral fever is excited.

A Unique Surgical Case.

Dr. JAMES B. STEADMAN thus writes to the *Med. Herald* for April: On the 22d of February I was called to the residence of Mr. M., with the understanding that his wife was suffering with "cramps," as the messenger termed it. I carried no surgical instruments with me, and, of course, was unprepared for any surgical emergency. When I arrived, I found that his little six-year-old daughter had the index-finger of the left hand almost severed near its upper extremity. There was a small strip of skin with some of the underlying tissues holding the partially severed member to the hand. The skin and tissues were not sufficiently strong to bear the weight of the finger. I told the father I did not think that it was possible to save the injured member, and I advised him to send for Dr. W. C. Ryan, of Simpsonville, to assist me in removing it. While I was waiting for Dr. Ryan, the little sufferer appealed to me in the most pitiful manner to save the finger, and repeatedly asked me if I cut the finger off if it would grow out again. By the time Dr. Ryan arrived my sympathies were thoroughly aroused, and I told him I was very anxious to save the finger, if possible. The child was anesthetized, and upon critical examination the bone was found to be badly crushed, having been mashed rather than cut. We concluded to cleanse the wound, and place the parts in position as best we could, and give nature a chance.

Two silk sutures were introduced, one on the dorsal and the other on the palmar surface of the finger. Strips of adhesive plaster and pasteboard splints were applied, and the hand confined to a flat board, which was padded with cotton wool. I saw the patient on the 24th, two days after the finger had been dressed, and as she was comfortable and no unpleasant odor about it, I did not disturb it. I saw her again on the 26th, and found a very unpleasant odor about it, and removed the dressing, and found the wound granulating nicely. After thorough cleansing I replaced the splints. I dressed the finger again on the 28th, and removed one suture. The other suture was removed on the 2d of March. She continued to improve, and I dismissed the case on the 6th of March. The wound was entirely healed at this time, leaving a purple scar.

The finger was somewhat enlarged at the point of injury, and motion only partially restored, but I believe in time that she will regain full use of it.

Commentary.—What appears to me to be remarkable about the case is :

1. That it remained in the partially detached condition for four hours and a half, the only bond of union being a small piece of skin and some fibres of underlying tissue. Had the wound been made with a sharp instrument, and the parts put in position at once, union might have been expected, but under the circumstances the prospects were certainly poor.

2. The wound was entirely healed in twelve days, and the only application of any kind was that of a weak carbolized salve on and after the fourth day of the injury.

Case of Internal Strangulation.

Dr. JOSEPH BELL thus writes in the *Edinburgh Med. Jour.*: On my arrival at Hospital on Friday morning, I found that there had been admitted a patient who was said to be suffering from strangulated hernia. On going to his bedside I found an old man between 70 and 80, looking very much exhausted, lying in the position of dorsal decubitus, with a pulse hardly to be felt, his complexion pallid, and his skin covered with an unwholesome, clammy sweat. His abdomen was not much swollen. In the left groin, just above Poupart's ligament, was a small tumor about the size of a large pigeon's egg flattened, which, however, had no appearance of inflammation nor of tension, and had no impulse on coughing. This was the difficulty and troublesome point of the case. On inquiring into the history, I with difficulty discovered that for seventeen days he had had no proper motion of the bowels, that the tumor had been present for that time, having come on after a strain, that he had been vomiting a great part of the time, and that he had vomited worse during the last three days. The doctor had not been called in till the night before, and had at once recommended his removal to the Infirmary. His friends neglected to do so till the following morning, and when they did, brought him in only half-clad and without his boots. He was so nearly moribund, and the case presented so many difficulties, that the question arose whether operative interference was advisable. Acting, however, on the principle that no hernia should be left unoperated on, I placed him on the table, though I felt that we might not get him off it alive. I then cut down upon the tumor, but after exposing the sac could feel no bowel in it. On opening it a piece of fat extruded. This I unravelled, and exposed a bit of very hard fatty and fibrous

tissue. We determined to examine this, and cutting down layer by layer, came upon a small central cavity, out of which appeared a quantity of putrid pus. I then thought it right to expose the internal ring by slitting up the tissues of the canal upon my forefinger. Entangled in the ring we found a small piece of bowel still alive, but inflamed, and adherent to the abdominal wall. On examining further, I found that the loops of intestine in the neighborhood were glued together by lymph, peritonitis having taken place. A band had actually formed, binding one coil of intestine to another down in the space between the bladder and the rectum. This I was able to set free, the band giving way under my finger. Next came the question whether we should make an artificial anus or give the bowel the chance of living and return it to the abdomen, putting in a drainage tube. I did the latter, fearing that the making of an artificial anus would very quickly prove fatal. Though he had been so ill, he was improved by the operation. He died in twenty four hours of exhaustion, but during that time had an easy movement of the bowels, and did not have any more vomiting. Had we seen him three or four days earlier, we might have saved his life.

Syphilis, Acquired and Inherited.

The *Lancet* says: The Lettsomian Lectures on "Some Moot Points in the Natural History of Syphilis," delivered at the Medical Society by Mr. Hutchinson, raise questions of great social importance. The acceptance as an established fact that apparently pure vaccine lymph from an infant inheriting syphilis can communicate syphilis to a non-syphilitic individual through vaccination, naturally gives rise to some very grave problems. If, as Mr. Hutchinson contends, secondary symptoms may follow chancroid ulceration as well as true chancre, and further that it is impossible to say that an apparently simple gonorrhœa may not have a syphilitic urethral ulceration blended with it, then the area of the natural history of syphilis becomes very much extended. The primary sore, whether chancroid or true chancre, is as a rule subjected to specific treatment, and the liability to secondary constitutional mischief is reduced to a minimum. But it is quite different with syphilitic urethral ulceration blended with gonorrhœa. This is subjected to the ordinary treatment of gonorrhœa, and the syphilitic nature is only suspected when in due course secondary symptoms present themselves. This would appear to call for a very minute examination of every case of gonorrhœa, with a view to determine its syphilitic or non-syphilitic character. Other points of equal interest arise out of Mr. Hutchinson's lectures. It is beyond a doubt that the offspring of a syphilitic parent may be free from all apparent syphilitic inheritance, and, on the other hand, the offspring may present features of a syphilitic taint inherited from a parent in whom all symptoms of the syphilitic taint are in abeyance. When, then, is sanction to marry justifiable in the case of one who has suffered and apparently recovered from syphilis? It is within the experience of most medical men to have seen cases of newly-married couples in which the wife, as soon as she becomes pregnant, presents unmistakable signs of secondary symptoms. The husband, however, may have been unsuspecting of having a syphilitic taint. Many of the skin eruptions of married women have their origin in this taint, unconsciously acquired and unconsciously communicated. Many a puny child owes the blight in its nature

to an inherited taint. The disposition to sore throat at every little fluctuation in health is often an indication of this taint. The question how best to reduce these evils to a minimum has not yet been fully answered. One point especially has never been adequately explained—that is, why the syphilitic taint, whether acquired or inherited, should have such a predilection for the skin, mucous membrane, and especially the throat,—for the latter is as reliable an index of the disease as the barometer is of the weather. The non-mercurial treatment has been fairly tried and found wanting in cases of true syphilitic infection. Mercury in small doses continued over a long period of time, supplemented by the local application of the same remedy, and followed by an equally lengthened course of potassium iodide, beginning with ordinary doses and gradually increasing to half-drachm doses two or even three times a day, will subjugate the virus more than will any other remedies. But these may need repeating on the least redevelopment of symptoms, whether these be in the form of the graver internal complications, or skin eruption, ulceration of mucous membrane, or sore throat.

Peculiar Case of Acquired Syphilis.

Before the New York Dermatological Society (Nov. 24, 1885), Dr. KEYES showed this case:

X., aged 19, was presented to the Society a year ago. At that time his history was that he had been perfectly well until the age of 7, when, as he says, he had rheumatism and fever. When 16 years old he went to Mt. Sinai Hospital with a swollen testicle, which had been gradually growing larger for several months. The malady was called orchitis, and treated by strapping with rubber; great pain resulted, and finally his testicle was removed with the knife. He remained well until August, 1884, when two lumps appeared on his face, one on the forehead first, then another on the left malar bone. They grew slowly without pain. He was first seen by Dr. Keyes in the autumn of 1884, who concluded that the swellings from their physical characters must be gummata, and treated him accordingly with mixed treatment, with rapidly increasing doses of the iodides. He was then presented to the Society. His treatment has cured the tumor on the malar bone, a depression marking the site of the absorption of bone, although there never was any breakage of skin, or escape of a piece of dead bone. The lump on the forehead was too far advanced to allow a cure by medicine. The gumma softened, and the ulcer disclosed bare bone. Dr. Keyes removed a flat scale of the outer table some weeks ago; a portion of the dead bone still remains in the bottom of the ulcer. The other testicle is now enlarged, as was its fellow before removal. The patient is still increasing his dose of iodide, which he took badly at first; he has only reached a drachm and a half daily, but is doing well in all respects. His father and mother are strong and healthy. They were married twenty-one years ago, and have seven children; the patient, and six other healthy ones which were born after he was, all are living and free from disease. There is no specific history in the family or in the patient except as mentioned. His teeth are good, and he has no evidence about him of inherited disease, although there is a slight scar in the corner of the mouth. There is no evidence to show that the patient acquired his malady personally, and the whole question of the origin of the disease is involved in obscurity.

Dr. Keyes presented the case as a curious one, because of the inability to ascertain how the poison entered the system. He believed that it was an accidentally acquired syphilis.

Dr. Bronson did not consider it a case of inherited syphilis; he thought if it were, it would of necessity have affected the development of the body; the teeth would also be affected, as well as the shape of the head.

Dr. Morrow also thought that the clinical appearances suggested acquired rather than inherited syphilis. He asked Dr. Keyes if he expected to get the same results from specific treatment in a case of late hereditary syphilis, as in the acquired form. He thought that most late hereditary syphilitic lesions were rebellious to specific treatment, and that tonics were preferable.

Dr. Keyes, in reply, said that when a hereditary lesion made its appearance early and remained persistent, lasting even beyond puberty, it was difficult to treat. He did not think that a tardily developed hereditary syphilis was more difficult to treat than an acquired, provided that a number of healthy years intervened before the appearance of the lesions. He mentioned instances where patients were unable to take their medicine when in the city, but if sent to the country their systems were toned up, and they could take the mixed treatment with the greatest benefit, because the hygienic surroundings were better.

Case of Epithelioma of the Penis—Amputation—Recurrence in Groin.

Mr. J. ASTLEY BLOXAM reports this case in the *Med. Press*, March 31: Henry G., æt. 28, waterman, a healthy looking man, applied on the 4th of January on account of a sore on his penis. He had suffered from congenital phimosis. About nine years ago he had a bubo in the right groin, which he poulticed until it broke, when it gradually got well. Since three years he had been subject to occasional attacks of balanitis, and after one of these attacks he noticed a swelling on the outer surface of the prepuce, which became gradually larger. and then "broke." From this place, he said, warts seemed to arise, until they involved the whole of the foreskin. Patient then went to the Lock Hospital, and was there circumcised three weeks ago. When the stitches were being removed, after the circumcision, one tore the skin slightly, and from this torn surface a little pea-like swelling grew. This increased in size, and was followed by other similar growths, until patient was obliged to return to the hospital, when a lotion was applied, which, however, did not in any way check the growth. There is no history of gonorrhœa or syphilis, nor has he had any difficulty of micturition. His general health has not apparently been interfered with, he eats well, and generally sleeps well, but he has been kept awake now and again by a sharp shooting pain in the penis. On admission there was seen a large ulcerated surface situated on the upper surface of the penis, and involving the lower part of the glans and the upper part of the body. The ulcer is dull red in color, irregular borders, and presents a fungating appearance. There is a small amount of offensive discharge. The glands in the groin are enlarged and indurated, especially on the right side. On January 12, a week after admission, Mr. Bloxam amputated the penis, making his incision at about the middle of the body of the organ, and having the corpus spongiosum longer than the rest. The urethra was slit up, and the two portions

stitched to the skin. Some little difficulty was experienced in stopping the bleeding on the removal of the tape ligature. Mr. Bloxam then removed two enlarged glands from the right groin. They were both soft and friable. The incision in the groin was then thickly dusted with iodoform, and closed by a continuous horsehair suture, a drainage tube being inserted. Patient was somewhat depressed in spirits after the operation, but passed a fairly good night.

During the ensuing week the patient complained of a pelvic pain, and also of smarting during micturition, but there was no impediment to the flow of urine. The wound in the groin healed apparently by first intention, and that on the penis is covered by healthy granulations.

Feb. 3d. The penis is getting on well, but there has been a slight puriform discharge from the groin, where a zone of induration can be felt surrounding the site of the incision; the patient complains, too, of severe lancinating pains in the part. A small incision was made into the induration, but only a little blood exuded. On the 7th the patient got up for the first time, the penis being almost healed. The induration and pain in and discharge from the groin still continue, and on the 10th it was found necessary to slit up a sinus which ran upwards for some two inches.

Feb. 15th. The penis has nearly healed, but the swelling in the groin is large and somewhat projecting. The skin over it is thin, glazed, and of a dull red color. The last-made incision presents the appearance of an open wound, and shows no tendency to heal. The edges are everted, and the surface is covered with a few unhealthy granulations which are inclined to break down. Patient is very cast down, and his health is beginning to suffer.

On the 18th there appeared a small patch of erysipelas at the upper part of the right thigh, and the right side of the scrotum was also red and swollen. This spread round the thigh, and on to the buttock, but cleared up in the course of a few days. The growth continued to enlarge, and when the patient left the hospital, on March 31st, to be admitted into the Cancer Ward of the Middlesex Hospital, there was a large fungating ulcerated mass, with thick everted edges, covered in parts with a yellow slough, and bleeding easily when touched.

Case of Extensive Fracture of Skull: Trephining: Recovery.

DR. T. LAW WEBB thus writes in the *Brit. Med. Jour.* May 8: On May 9th, 1885, E. J., a boy aged 10, fell from a tree, about twenty feet, into a ditch, striking his head against a stone. He lay undiscovered until the following day, at noon, exposed to rain and extreme cold for twenty hours. When found, he was unconscious, and half naked, having partially undressed himself.

May 10th. When I saw him, he was cold, but partially conscious, answering questions fairly correctly when aroused. There was great swelling and puffiness over the whole of the right side of the head. He kept continually saying, "Take that hat off," and tearing at something which he imagined to be on the injured spot. Temperature 96° , pulse 80, full. I ordered brandy and warm milk. He took liquids freely, and slept at intervals. 10 p. m. His body was warmer; other symptoms were much the same. A depressed fracture was felt at the anterior part of the right parietal region. The pupils were equal, and contractile; speech was slow and thick; he vomited twice.

May 11th, 8 A. M. He was much the same, but less easily roused; he was continually grinding his teeth; he was not so rational; the bowels acted freely; severe ecchymosis of the right eye appeared. 3 P. M. Pulse 85, temperature 97° . He was worse; could hardly swallow, fluids running out of the corners of his mouth. After a consultation, I determined to trephine.

On incision, the fracture could be traced from the anterior border of the parietal bone to the occiput. Its upper margin was depressed, especially in front, the spot selected for trephining. Blood was flowing rather freely from the fissure. It being found impossible to elevate the whole of the portion depressed, the edge of the upper piece, where most driven in, was cut away, and six small pieces of bone removed. Bleeding from inside the skull ceased, much clot having been removed from beneath the scalp; the wound was closed and dressed antiseptically. 6 P. M. Pulse 80. very weak; temperature 98° . There was rigidity of both arms. He was very drowsy; he had wetted the bed. 11 P. M. He had rallied. Pulse 85; temperature 98° . He moaned, and complained of pain in the head, but slept at intervals.

May 12th, 8 A. M. He was about the same. 10 P. M. Pulse 90; temperature 96° . He lay always on the left side.

May 13th, 8 A. M. There was more swelling of the face. He was more conscious, and in great pain. He continued to wet the bed. 3 P. M. Vision was lost. 11 P. M. He was sleeping a good deal. Pulse 88; temperature 89.5° .

May 14th, 8 A. M. Pulse 90; temperature 99° . The swelling of the face was less. 10 P. M. He had less pain, but still said "he could not see." He could however perceive light. Pulse 100; temperature 99.5° .

May 15th. The wound was suppurating freely. Pulse 88; temperature 99° .

May 16th. Pulse 80; temperature 98° . He was more rational.

May 17th. His condition was the same. The edges of the wound were pale and sodden.

May 19th. He was very hungry, eating all day.

May 20th. His state was the same. Pulse 100; temperature 99° . His mind was clearer.

May 21st. He was not so well; was much quieter. He had headache. Pulse 120; temperature 102° .

May 22d. He was better. The wound gaped, exposing bone. Pulse 86; temperature 98° .

May 24th. The left arm trembled and twitched. There was considerable loss of co-ordination in the entire limb.

May 26th. He was better in every way, and clear mentally.

May 30th. The trembling continued. He vomited twice.

After this date, all the symptoms steadily improved. Vision gradually became normal. The wound healed soundly, all weakness of the left arm disappeared, and the boy made a complete recovery.

Case of Intussusception of Bowels. Successful Treatment by Copious Enemata of Infusion of Tobacco.

Dr. R. RANDOLPH BALL thus writes in the *Virginia Med. Mo.*: On the morning of November 25, 1885, I was called to see L. M.—a colored woman, single, eigh-

teen years of age—suffering with violent paroxysmal pains in the umbilical region. She had felt these pains first during the previous evening, while at a neighbor's house. The pains had been accompanied from their beginning with recurring spells of vomiting.

Considering the race and surroundings of the patient, my first suspicion, on "general principles," was the possible existence of a "second person in utero," although after a careful examination of the patient no such condition was found. But just over the right inguinal region, a distinct tumor—enlarged to the size of a hen-egg or more, and tender—was discovered, and in this tumor a very intensely acute pain existed, paroxysmal in kind, and not materially increased by pressure. There were no inflammatory symptoms. No action from the bowels had taken place for several days, and the patient's condition grew hourly more hazardous on account of the increasing intensity of the pain, etc.

At once I determined to adopt what appeared to me to be the most rational treatment, namely, to thoroughly, though cautiously, cause relaxation of the whole muscular system—hoping thus to overcome the spasmodic muscular contractions of the invaginated bowel. To accomplish this, I decided to use copious enemata of infusion of tobacco leaves, and push the use of the remedy to the full extent of its safe constitutional effects.

At this point I called in my friend, Dr. James, of Axton, Va. At his suggestion, the enemata were kept up consecutively every hour for twelve hours. The infusion was first made of a drachm of tobacco to the pint of water, and was straw colored. The strength of the infusion was increased by about a drachm of tobacco for each injection, until finally about two ounces were used for each enema.

After using about a dozen of these injections at intervals of about an hour between each one, the patient was elevated by the heels over a sheet, and a large water-bucket full of warm water was conducted by means of a rubber rectal tubing from the bucket, suspended above the body, into the bowels. The whole amount of water was easily accommodated by the bowel, and gradually the intestinal knot about the ileo-cæcal region disappeared. The patient's body was then laid horizontally on the bed, and stimulants were administered by the mouth.

After this treatment the woman had no return of the troubles in the inguinal region, and in a few days a copious movement took place in the upper part of the bowels. She is now convalescing, and bids fair to have a good recovery.

This patient had been an habitual dirt-eater, and her general appearance showed an anæmic condition of the system.

I believe the plan adopted to relieve this woman a valuable method of treatment in all such cases, and worthy of a fair trial. Had the intussusception not yielded, of course operative measures would have been adopted.

Abscess of Kidney Communicating with the Bowel; Operation; Necropsy; Remarks.

Mr. A. NEVE thus writes in the *Lancet*, January 30: The following may well be classed among the cases of difficult diagnosis lately published by Dr. Fenwick. It is one which a more careful examination might have helped to elucidate. But

in Kashmir the endeavor to obtain reliable accounts from the patients or intelligent notes from any hospital assistant is nearly hopeless.

A man, aged about forty, was admitted on October 6th, 1884. He was spare, with a careworn expression, complaining of constipation for twelve days and a painful lump in the left side. It was diagnosed as obstruction of the descending colon, and treatment by enemata was ordered. One or two thin motions followed, but the swelling remained with increasing fever and loss of appetite, but no vomiting. Mr. Neve's attention was not called to him till the fourth day after admission. He then found a considerable swelling of the left abdomen, between the ribs and the spine of the ilium. Fluctuation was perceptible, but the tumor was partly tympanitic. It was not very tender to the touch, and there was some gurgling on pressure. The puzzling point was the connection between the swelling and the severe constipation. Another enema was ordered, which, however, was fruitless. Next day (October 11th) a large enema was given, the body being inverted. The fluid seemed slowly to percolate through the whole length of the large intestine. Evidently the tumor was separate from the bowel. It was aspirated, and some very offensive faecal fluid escaped, but the needle was blocked by small sloughy fragments. The enema returned, bringing away a large quantity of faeces.

Operation.—A few hours later, under the spray, an incision was carefully made into the tumor. A large quantity of most offensive liquid, of brownish color and faecal smell, escaped; also some flocculent matter and sloughs, one piece, six inches long, being a fragment of the intestinal mucous membrane. The finger entered a large cavity, crossed by numerous soft, rotten bands. It appeared shut off from the rest of the abdominal cavity by firm adhesions. Above it entered a round, movable aperture like an anus. In the position of the kidney was an ill-defined, soft, pulpy mass. The wound was well washed out, and a large drainage-tube applied, over which a saw-dust pad was fixed. At the close of the operation the true nature of the case was still doubtful.

Next day (October 12th) the temperature had fallen from 102.5° to 99° . There had been one or two motions. Urine normal in appearance. Pain slight. Pulse very weak. Wound dressed and washed out.

13th.—He was much weaker. About midday he had a rigor and became pulseless and insensible. Sixteen ounces of saline fluid were injected into a vein, with some marked improvement for a few hours. At night he died.

Necropsy.—Lungs much congested. In the right pleura there were twelve ounces of serous fluid. Liver congested and rather rotten in texture. Spleen enlarged. In the right kidney there was a small encysted stone (weight 2 dr.). The descending colon was found to be much displaced towards the middle line, and to pass through a mass of inflammatory adhesions which formed the inner wall of the abscess cavity, with which the colon communicated by a small aperture. This cavity extended from the diaphragm to the iliac fossa. It was lined with a greenish gangrenous material. In the floor of it, amidst much sloughy material, were the remains of the kidney, the anterior wall of the pelvis being absent, revealing large cavities in the substance. The psoas muscle contained several ounces of pus.

Remarks by Mr. Neve.—Throughout this case my diagnosis was in error. I

had considered the possibility of hydronephrosis, etc., but all the symptoms pointed toward the bowel. There was prolonged constipation; much thickening around the colon; a tympanitic tumor containing gas and fæcal fluid; also sloughs. I diagnosed a fæcal abscess, connected in some way with obstruction of the bowels, some portion of the wall of which had, I thought, sloughed, but had been repaired by adhesions. By the light of the post-mortem and the stone in the right kidney, I believe the starting-point to have been a hydronephrosis, due to blockading of the ureter; this was followed by rupture of the wall, perinephritis, communication with bowel, fæcal contamination and decomposition, obstruction, etc., making a most puzzling combination of signs. If the man had come earlier he would probably have recovered. Immediate benefit followed the treatment, which was perhaps the best that could have been adopted, but it came too late.

Kelsey on the Treatment of Hæmorrhoids by Carbolic Acid.

Dr. KELSEY (*New York Med. Jour.*), gives the following as the rules which guide him in the treatment of hæmorrhoids:

1. Use only the purest carbolic acid, crystallized, the purest glycerine, and distilled water, in the preparation of solutions. Each when prepared should be perfectly colorless and clear, the acid being in perfect solution. The glycerine is added to the solution of carbolic acid in water in just sufficient quantity to make a clear fluid, and the amount is not important. As soon as a solution begins to assume a yellowish tint, it should be replaced by a fresh one.

2. Use only the finest and most perfect hypodermic needles, and a perfect working clean syringe with side handles. After each injection, when the syringe is put away, clean it thoroughly, to be ready for use the next time.

3. The treatment may be applied to every variety of internal hæmorrhoids, no matter what their size. It is not applicable to external hæmorrhoids, either of the cutaneous or of the vascular variety, both of which may be treated by better means.

4. Before making an application give an enema of hot water, and let the patient strain the tumors as much into view as possible. Then select the largest, and deposit five drops of the solution as near the centre of the tumor as possible, taking care not to go too deep, so as to perforate the wall of the rectum, and inject the surrounding cellular tissue. The needle should be entered at the most prominent part of the tumor. If the hæmorrhoid do not protrude from the anus, a tenaculum may be used to draw it into view. After the injection has been made, the parts should be replaced, and the patient kept under observation for a few moments, to see that there is no unusual pain. The injection will cause some immediate smarting, if it be made at or near the verge of the anus. If made above the external sphincter, the patient may not feel the puncture or injection for some minutes, when a sense of pressure and smarting will be appreciated. In some cases no pain will be felt for half an hour, but then there will be considerable soreness, subsiding after a few hours. If it increase instead of disappearing, and on the following day there be considerable suffering, which perhaps may not be sufficient to keep the patient in bed, but is still enough to make him decidedly uncomfortable, it is a pretty good indication that a slough is about to form. For the

reason that it is impossible to tell absolutely what the effect of an injection is to be until at least after twenty-four hours have passed, it is better to make but one at a visit, and to wait till the full effect of one has passed away before making another. If on the second day there be no pain or soreness, another tumor may be attacked.

5. The strength of the solution must be regulated by the nature of the case, and varies from 5 per cent. to pure crystallized acid. In a large vascular prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure carbolic acid may be used with the expectation of producing a circumscribed slough, which will result in a radical cure. A 33 per cent. solution under the same circumstances will probably produce consolidation and shrinkage without a slough, but the injections will have to be several times repeated. A small tumor which protrudes slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucous membrane, may be cured by a simple injection of a 5 per cent. solution, which will cause it to become hard and decidedly reduce its size; while an injection of a 50 per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some cases will be more satisfactory than others, and an occasional accident must be expected; but on the whole it seems to be the best method of treatment as yet devised.

Death after a Phimosis Operation.

Dr. S. B. BOND, Chief of Clinic to the Professor of Surgery, University of Maryland, sends the following report to the *Maryland Med. Jour.*:

J. B., white, æt. 71, a resident of Charles county, Maryland, and a surveyor by occupation, applied to me for relief from an acquired phimosis. He was the father of nine children, and in spite of his age, had been able to make what he called a "big survey," a short time before coming to me. His prepuce, he stated, had begun to contract so as to give trouble, some two years before I saw him, and at that time the contraction had progressed so far as to leave but a very insufficient opening. The urine was retained, urination was painful, the clothes were wet, and the penis kept in a very uncomfortable state of irritation in consequence. Mr. B. was anxious for an operation and relief, and with the assistance of Dr. L. DeL. Gorgas I did the ordinary operation of slitting up the surface along the anterior aspect as far back as the corona glandis and stitching the mucous membrane to the skin. There was almost no pain, as the foreskin had previously been filled with a solution of muriate of cocaine. Bleeding was slight. The after-treatment consisted in water-dressing and elevation of the penis and scrotum, the patient being in bed.

The following I take from my record of the case:

March 26th, 11 a. m.—Mr. B. passed a very comfortable night; the incision looks healthy.

27th, 10.30 a. m.—Mr. B. complains of chilly sensations running from his feet to his neck. Night's rest has been broken in upon by unpleasant dreams, followed by periods of wakefulness. The penis seems to be doing well, and he

stated that he was often a sufferer from malarial trouble, and I acted accordingly.

28th, 4. p. m.—Condition as follows: pulse 80; temperature 105° ; respiration about 24. Examination of his penis showed three bluish-black spots, one immediately behind the frenum about the size of a five-cent piece; one which is slightly smaller, half way between the first and the scrotum; and one on the scrotum at the junction with penis. The spots are superficial. The man lies with his mouth open and he has some muttering delirium, from which, however, he can be roused. In answering questions his speech is thick and not easy to understand, on account of the dryness of his throat. Dr. L. McL. Tiffany was called in; treatment confirmed.

29th.—Yesterday's "black spots" are areas of superficial gangrene to-day. The distal spot has become a slough; the odor is characteristic; the scrotum is uniformly involved and contains a considerable amount of fluid. B. can still be roused from his mutterings, but his replies to questions are unintelligible on account of the condition of his throat. Urine was passed in my presence to-day, but none was secured fit for examination. Probably half a pint was passed. His excretions pass either without his knowledge, or without being able to make himself understood when an operation is necessary. General condition is about the same as yesterday.

30th, 11 a. m.—No marked change. No sleep last night, and his throat apparently troubled him.

11:30 p. m.—About the same still, but has had no sleep to-day.

31st, 11 a. m.—B. slept several hours last night without resorting to opiates, and his condition is somewhat improved in consequence.

12 p. m.—Decidedly worse.

April 1st, 10 a. m.—Sinking slowly.

5 p. m.—Dead.

One of the peculiar features of the case was the fact that the gangrenous spots did not begin where one would have expected them to, if at all, namely, at the site of the stitches or along the margin of the incision, but they occurred upon the posterior surface, in that situation which was most distant from the disturbing incision of any in the whole circumference of the penis. So far as I am aware, gangrene after a phimosis operation is exceedingly uncommon; and I have reported this case, as fully as is possible, from notes taken under rather disadvantageous circumstances, for that reason.

A Case of Rupture of the Kidney.

Dr. G. Y. EALES thus writes in the *Lancet*, March 13th. The following interesting case is, I think, on account of its comparative rarity, worthy of record:

On April 10, 1885, I was called to see S. G——, aged thirteen, a collier, who it was stated had been severely injured by a fall of coal while at work in one of the company's pits. I found him lying on his back with the shoulders raised up, thighs flexed (especially the right one), face pale and of anxious appearance, surface cold and bathed in sweat, pulse rapid and feeble, and respiration shallow and of intercostal type, there being but slight diaphragmatic movement. A deep breath caused intense pain in the right lumbar region. He had vomited several

times, and was, in fact, in a state of collapse. On examination I found an extensive contusion in the right lumbar region, and slight abrasion of skin over the eleventh and twelfth ribs. The patient complained of such intense pain on pressure that I was unable to ascertain if any ribs were fractured. There was also a slight contusion on the right shoulder, another in the hypogastrium, and another on the posterior aspect of the right thigh. There was no tenderness on pressure in the hypogastrium. In the evening he passed a large quantity of bright arterial blood, mixed with urine, and vomited several times.

April 11th.—11.30 A.M.: Very weak and anæmic. Pulse hardly perceptible at the wrist. Had vomited constantly during the night, and had passed urine tinged with blood. Some fulness in the right iliac region, with dulness on percussion. Complained of great pain all over the right half of the abdomen, and tenderness on pressure.

12th.—Yesterday, about 8 P.M., he passed some urine slightly tinged with blood. To-day he has voided nothing from the bladder. There has been no vomiting. Complained of pain all over the abdomen. Thighs strongly flexed on abdomen, and abdominal walls rigid. Died in the night from a combination of anæmia and shock, having lived sixty hours since the accident.

Necropsy.—I made a post-mortem examination in conjunction with Dr. Coates (chief surgeon to the works) and Dr. Henderson (senior assistant surgeon, Tredegar Iron Works). Body short for the age, and thin. The right side of the abdomen showed extensive bruising. On opening the abdomen we found a large quantity of blood in the peritoneal cavity. No injury to the diaphragm or liver, and no fracture of any ribs, could be detected. There was no apparent injury to the intestines, but portions of the ileum in the neighborhood of the kidney showed commencing peritonitis. The right kidney was displaced downwards and forwards, and lay in the iliac fossa; behind it was an enormous amount of blood-clots and effused blood, the latter extending along the cellular tissue almost to the middle line of the abdomen in front. There was also a quantity of blood-clots immediately in front of and on the right side of the lumbar vertebræ, overlying the solar plexus and semilunar ganglion; this had apparently spread along the renal plexus of vessels; it did not extend over to the left side of the vertebræ. The peritoneum anterior to the kidney was severely lacerated, and so allowed escape of blood into its cavity. The upper half of the kidney was literally smashed into a pulp, but more so on the anterior surface than the posterior, extending down to the pelvis of the kidney. There were several large branches of the renal artery laid open. We could detect no wound of the trunk artery or vein. There was also a small deep jagged wound in the lower half of the kidney on the posterior surface, which looked as if a rough object had been driven into it. The ureter appeared to be completely blocked by a blood-clot. Bladder empty and healthy; left kidney and ureter healthy. There was no evidence of the lower ribs having been driven through the abdominal walls.

Remarks.—The noteworthy feature of this case is how such an extensive injury to the kidney should have been caused without fracture of any ribs. The sudden cessation of hæmaturia was apparently due to clots in the ureter. The rapidly-increasing anæmia, together with the hæmaturia and fulness of the iliac region, pointed presumably to hæmorrhage from the kidney; accordingly, astringents

were given. Mr. H. A. Reeves, F. R. C. S., in a case published by him in the *Lancet* of October 4th, 1884, says that as soon as it is found that hæmorrhage is not controllable after trial of every known means, a lumbar incision should be made over the kidney, and all clots and blood removed, and the kidney also, if necessary. It occurred to me, whether it would have been justifiable to cut down and remove the kidney as soon as it became evident that hæmorrhage was profuse? Obviously, in such cases to wait the effect of a lengthy trial of astringents means waiting till too late. I do not feel competent to give an opinion as to the actual cause of this injury; but remembering the fact that the boy was crushed beneath a great mass of coal, it occurred to me that the kidney may have been suddenly dislocated, as it were, by the force of the blow, and at the same time caught between the vertebræ and the suddenly compressed ribs; and what makes this idea more tenable is the fact that the boy was small and very thin for his age, and that the anterior portion of the kidney was the most severely damaged.

***Malignant Pustule on the Forehead—Removal of the
Diseased Patch—Recovery.***

Mr. THOMAS JONES thus writes in the *Med. Chronicle*, December, 1885: J. B., æt. 35, a tanner, entered the Infirmary on the 21st of April, 1885. On Tuesday, the 14th of April, he noticed a small pimple near the centre of his forehead. He covered it with ordinary adhesive plaister, which came off on the following Thursday. At that time he was engaged in cleaning Singapore buffalo hides, and while at his work he admits fingering the pimple a good deal. It seems that before importation into England the hides are sun-dried, and the men have to scrape off the hairs from the dried hides. Previous to the scraping the hides are soaked in a solution, the exact composition of which is not known; in all probability it contains carbolic acid. The patient remained at his work until Saturday afternoon, the 19th of April. On that day, however, he felt weak and ill, had pains in his back and limbs, shivered, and was feverish. The affected spot was at the same time very painful. The following day (Sunday) the face began to swell, and the glands at the angles of the jaw became enlarged and tender, while the patient shivered and his head ached very severely. On Monday, the 21st, he was advised by Mr. Richmond, of Warrington, to come to the Infirmary. His condition on admission was as follows: He looks and says he feels very ill. The sore on the forehead presented the following appearances: In the centre there was a blackish somewhat depressed part about one-half inch to three-fourths inch in diameter; outside this, and about one-half inch in width, there was a whitish eschar surrounded by a layer of vesicles from which, when punctured, there exuded a fluid containing an abundance of anthrax bacilli. The vesicles, situated on a hard base, varied very much in size, those at the upper and outer parts of the sore on the left side being larger than the others. Around the vesicular layer there was a red areola, and external to this the skin was dusky and œdematous. Indeed, the whole face, with the exception of the chin, presented a red œdematous appearance, giving the patient a peculiar aspect.

In the afternoon of the day of admission the whole of the necrotic and diseased patch was removed with a knife, and the cut surface freely washed with a solution of chloride of zinc (40 grs. to 1 oz.), and a pad of wood-wool applied

over it. The bacilli were found in the part removed, also in very limited numbers in the blood—none discovered in the urine. The patient's diet consisted of milk, chop, with bread and rice pudding, Liq. hydrarg. perchlor. in 80 m. doses was ordered to be taken three times a day.

April 22d.—Patient had a restless night, still feels sick and ill. Complains of headache, especially over the forehead. Temperature this morning, 98.8°; before operation it had reached nearly 100°. Pulse 88, regular but rather weak.

23d.—Does not feel quite so sickly. Temperature 98°, pulse 80.

The next day the temperature was normal; pulse 72, deficient in power. Alcohol in the form of whisky was now ordered.

The wound in a few days assumed a healthy appearance, and healing went on in a normal manner. The redness and œdema subsided a couple of days after extirpation of the diseased patch. The treatment by removal either with caustics or the knife appears to be the one generally adopted. I prefer the knife, as by this means a more speedy extirpation of the diseased tissue can be effected. The incision should include the gangrenous patch as well as the leathery hardness which surrounds it, and on which the vesicles are placed. It would be as well if this stage of the disease could be anticipated, and the pustule with the tissues in its immediate vicinity were the only structures which required removal. The symptoms in our patient were not so urgent, nor did the disease appear of such a malignant character, as in many of the reported cases; still the presence of the characteristic bacilli demonstrated in a very unmistakable manner the nature of the affection we had to contend with. And I think it fair to assume that a fatal result was almost certain if the treatment had not succeeded in arresting the course of the disease.

Primary Epithelioma of the Clitoris; Removal; Relief of Symptoms; Subsequent Recurrence.

Dr. F. SIMMONS reports this case in the *Edinburgh Med. Jour.*, December, 1885: C. L., æt 69, married, was admitted into the Buchanan Ward on 31st of October, 1883, on the recommendation of Dr. Hunter, of Queensferry, complaining of a pain in the private parts aggravated by micturition. Seven weeks previously, patient experienced a constant feeling of itchiness in the external genitals, which led to scratching of the parts and aggravation of the symptoms. A fortnight subsequently suffered acute pain during urination. There is no history of syphilis or hereditary tendency to carcinoma.

The physical examination showed on separating the labia, in the position of the clitoris, an irregular, nodular mass, its margins being prominent and uneven, the centre presenting a reddened, worm-eaten appearance. The margins were distinctly indurated, the central portion being softer, more friable, and bleeding readily. The whole tumor, which was circumferentially barely the size of a shilling, appears to be sharply defined from the surrounding tissues. The inguinal glands were slightly enlarged and indurated on both sides. The vagina, cervix, and uterus were healthy.

The diagnosis of epithelioma clitoridis was accordingly made, and it was determined to remove it without delay. On 6th of November, the patient having been anæsthetized, Professor Simpson passed a series of silver-wire sutures under-

neath tumor (care being taken not to include the urethra by the previous passage of a catheter), clipped it away with scissors, ligatured the numerous bleeding points with catgut, and brought the edges of the wound thus made into accurate apposition by the wire sutures. After dusting the surface with a powder composed of equal parts of iodoform and bismuth, a pad of salicylic silk was fixed over the pudenda by a T bandage (to prevent hæmorrhage), which was removed the same night, and the urine drawn off.

On November 12th four of the stitches were removed, and on the 14th the remaining two sutures were also taken out. On November 18th, the wound having healed perfectly, she was dismissed, and, on reporting herself a month later, she had had no pain nor dysuria since the operation, and there was no evidence of return of the disease in the cicatrix or elsewhere.

Her doctor kindly wrote to me on March 10th, 1885, saying, "There is still some hardness over the area where the disease was removed, and the right inguinal glands are very much enlarged, and so hard as to suggest the possibility of their also being invaded by the cancer. Towards the perineal end of the right labium and in the posterior fornix, there are undoubted evidences of its extension."

On microscopic examination the tumor presented the usual appearances of an epithelioma, but manifests the following points of interest. In one part the growth inwards of the deeper layers of the epithelium is well marked, which does not seem to produce any irritative changes in the connective tissue immediately beneath them. Elsewhere the growth and formation of cell-nests has taken place so rapidly that there is very little or no newly formed connective tissue stroma separating them, and the cell-nests also show two or more horny centres. With the high power (300 diameters), the epithelial cells show very interesting degenerative changes; the protoplasm increasing in amount becomes less granular, but more opaque in some of the cells, whilst in others the protoplasm becomes clear, well defined, and more or less globular, the nucleus having disappeared. Some cells show the striæ continuous, with the prickles running from the periphery to the nucleus, while in many of the cells there are two or more nuclei, each containing one or two well-marked nucleoli. The division of the nucleus into two is often very distinctly seen, whilst frequently a clear space is formed around the nucleus, and some nuclei are completely transformed into clear vesicles, even where the cells are well marked.

Gunshot Wound Through the Bladder.

Dr. J. McF. GASTON thus writes in the *Southern Med. Rec.*, January 20th: I was called to Mr. A. B—— on the morning after he had been shot by a pistol in the left inguinal region, and learned that upon urinating shortly after receiving the injury, a considerable discharge of blood had occurred, intermingled with the urine on this occasion and subsequently when he had passed water.

Upon inspecting the wound made by the ball, it was found that the orifice at which it entered was immediately above the transverse portion of the left os pubis, at a short distance within the line of the artery; and, upon palpation over the gluteal region of the opposite side, there was a point of sensitiveness indicating the site of the ball buried in the tissues. Thus it was evident that the ball

had gone diagonally across the pelvis, traversing the walls of the bladder in its course; and, upon introducing a catheter through the urethra into the bladder, there was, at first, no flow of urine, whereupon it was withdrawn, and the opening was found clogged with clots of blood. On its being again passed into the bladder, blood mixed with urine flowed out, and thus it was verified that the track of the ball had implicated the wall of the bladder in, perhaps, two points, by its entrance and exit. The bladder was most certainly greatly distended with urine when the shot was received, as the man had been visiting drinking saloons, with others, until the late hour at which the wound was inflicted, and thus it was raised up considerably above its normal position in the contracted state. The evacuation of the organ shortly after the shooting relieved it of this distension, and doubtless closed the orifices in its walls by the contractility of its tissues, so that there was no evidence of escape of urine through the external wound on the occasion of my examination next morning, and none of the effects of urinary infiltration into the cellular tissue followed the injury. After satisfying myself that no more blood or urine remained in the bladder, I directed that a flexible gum elastic catheter should be kept in the urethra, so as to keep the urine drawn off, and thus allow of the consolidation of the orifices in the walls of the bladder by its continued contraction. The external opening was treated simply with lint moistened with a 2 per cent. solution of carbolic acid, and when febrile reaction ensued, 5 drops of tincture of aconite were taken every two hours. On the third day, the bowels not having acted, he took a tablespoonful of Epsom salts, and the case progressed without any untoward symptoms. After the lapse of a few days, the catheter was dispensed with, and he was directed to pass his urine regularly every three hours, so as to prevent accumulation.

The progress of the case was entirely satisfactory, in the prompt healing of the external wound, without suppuration; and, at the end of a month the patient was up and able to attend to business. I have met him on the street within a few days—now three months since the injury—and he states that no inconvenience whatever is experienced, and that he is entirely well in all respects.

A Case of Syphilitic Ulceration of the Intestine.

A prostitute, aged 25, came under the care of Mr. A. BLACKMORE, at the Manchester Lock Hospital, on June 15, 1885, complaining of great pain about the vulva and vagina (*Lancet*, October 3, 1885). On examination, those parts were found swollen, red, and very tender, and there was a copious sero-purulent discharge. There were also numerous copper-colored patches on the arms, legs, and thighs. She had had syphilis some time within the last three years. The mouth and throat were free from ulcers. The patient had been drinking much, and was in a generally low condition; temperature 99°. On the two days succeeding admission, the local condition improved under treatment. The bowels were loose, and the temperature was normal. On the 18th there was copious hæmorrhage from the bowels; this recurred, to a large extent, from time to time till July 6th, when the patient became collapsed, and died. The temperature never exceeded 99.2°, and there was but little pain or other symptoms than those arising from loss of blood. At the *post mortem* examination, twenty-four hours

after death, the viscera appeared fairly healthy to the naked eye; the liver was firmer than usual; the spleen was of normal size, color, and consistence; and the mesenteric glands were healthy. The uterus was intensely congested, with sub-mucous hæmorrhage. The mucous membrane of the small intestine was red, the blood-vessels being much injected; but Peyer's patches were not more affected than other parts, and were not more distinct or prominent than normal.

From the cæcum to the middle of the colon the mucous membrane was studded with sharply cut circular ulcers, varying in size from a pin's head to a sixpence, and nodules varying from the size of a dot to that of a split pea, in various stages of ulceration. Some of the ulcers were superficial; others had perforated the muscular coat. The lower part of the colon and the rectum appeared healthy. The peritoneal surface of the bowel was healthy, and there was no evidence of peritonitis anywhere. The exact source of the bleeding was not discovered.

Case of Fractured Patella Treated by Aspiration of the Joint.

Mr. TURNER reports this case in the *Lancet*: R. S——, aged sixty-six, was admitted on Dec. 11, 1884, with a transverse fracture of the patella. There was considerable swelling of the joint, and the fragments were separated some two inches or more. Aspiration of the joint was performed, but only about half to three-quarters of an ounce of blood could be abstracted, although the bottle was repeatedly exhausted. There was no appreciable difference in the swelling after the operation; during its performance the tube was several times obstructed by blood-clot, which required removal. Martin's elastic bandage was applied, and no bad results of any kind followed. On the subsidence of the swelling the fragments were approximated by means of Malgaigne's hooks and strapping, and the patient made a good recovery. On his discharge on January 31st, there was about half an inch separation of the fragments.

Remarks by Mr. Turner.—The practice of aspirating the joint in case of fractured patella has been resorted to some five or six times by my colleague, Mr. Johnson Smith, at the Seaman's Hospital. One case died the next day of cardiac disease, a result quite unconnected in any way with the operation. The other cases have been followed by no bad symptoms; except in one where the blood in the joint was fluid, very little has been drawn off, and no very evident good has followed the practice. At St. George's Hospital about a dozen cases have been treated in this way; some have derived benefit from it, but in others only very little blood has been withdrawn. No harm has followed in any case.

QUARTERLY COMPENDIUM
OF
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A
SYNOPSIS

OF
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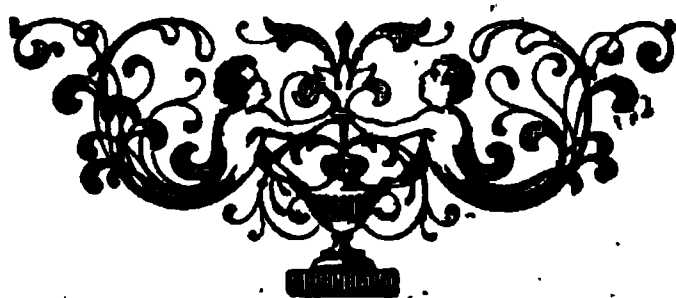
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I. ANATOMY, PHYSIOLOGY AND PATHOLOGY.

Cancer of Thyroid.

Dr. NORMAN MOORE (*Lancet*, June, 1886,) presented at a meeting of the London Pathological Society a specimen of primary carcinoma of the thyroid from a woman aged forty-six. "The new growth formed a huge mass which had ulcerated through the skin and into the larynx. It completely compressed one recurrent laryngeal nerve, and pressed on both carotid arteries, and had grown through the upper wall of the arch of the aorta, but without causing extravasation of blood." The duration of the growth was four months, and it was accompanied by some dysphagia, partial aphonia, but with little dyspnoea.

Congenital Absence of Left Kidney.

At the Anatomical Society of Paris, on April 9th, M. ALBERT CAYLA presented specimens from the body of a child one year old, who had died in the hospital of broncho-pneumonia. The child had a large congenital right inguinal hernia, but had no left kidney. The corresponding renal artery and vein were also absent, and there were only two openings in the bladder—the urethra and right ureter. Both supra-renal capsules were present. The right kidney, enlarged and of regular shape, was in the normal position; it weighed sixty grammes, and measured nine centimetres in length and four and a half in width. The pelvis and ureter were dilated, their walls being thinned.

Tait's Operation.

To the New York Pathological Society, Dr. WYLIE presented a number of specimens of Fallopian tubes and ovaries that had been removed from different patients during the past year. He said that he had operated in twenty-eight cases since a year ago, at which time he had reported twenty-five cases. Two of the twenty-eight patients had died; the others had recovered. In the two fatal cases there had been severe complications. Fully one-half of the twenty-eight had been well-marked cases of pyosalpinx in different stages. In many the tubes had been distended with pus; in many others with a thin coffee-colored fluid, which he was convinced was due to a degeneration of the lining membrane of the tubes, giving rise to slight hæmorrhages. In nearly all of the cases the end of the tube had been occluded and the ovaries cystic. He was of the opinion that any disease which would cause occlusion of the tubes would lead within a short time—a year or two at most—to cystic degeneration of the ovaries. He did not refer to the cysts which some pathologists spoke of as the result of an unruptured corpus luteum, but to cysts from actual degeneration. They varied in size from that of a pea to that of an orange. Cystic degeneration of the ovaries without

marked disease of the tubes was almost always associated with hysterical symptoms. In one of the specimens presented there was fibroid degeneration of the ovaries.

The Pathogenesis of the Essential Anæmias.

SILBERMANN, *Berliner klin. Wochenschrift*, July 26, 1886, presents the following conclusions from an elaborate experimental investigation :

1. Progressive pernicious anæmia is induced by an increased and abnormal destruction of red and white corpuscles, and by defective blood regeneration.
2. Pernicious anæmia is essentially a hæmoglobinæmia.
3. The blood in pernicious anæmia is exceptionally rich in fibrin ferment, and is thereby dangerous to the organism.
4. The frequent dermal, mucous, and retinal extravasations in this disease are due to capillary emboli, or to capillary stasis.
5. The anæmic fever is of humoral origin, and is conditioned by the large proportion of ferment in the blood.
6. The intermittent character of the fever corresponds with the changing phases of the blood destruction.
7. The large, fatty deposits sometimes observed in pernicious anæmia are not conditioned alone by the diminution in tissue respiration caused by decrease in hæmoglobin, but chiefly by an abnormal distribution of blood, consisting in a very considerable venous stasis and arterial anæmia.
8. In animals the gradual introduction of a blood-dissolving agent, or of hæmoglobin dissolved in serum, induces a condition which strikingly resembles pernicious anæmia.
9. One form of chlorosis, and also simple primary anæmia, are essentially forms of hæmoglobinæmia of mild grade.

Acute Pericarditis.

Before the Academy of Medicine in Ireland Dr. FINNY exhibited a specimen, two days old, of acute pericarditis. It was taken from a man, fifty-two years of age, addicted to alcoholism, which had caused him to lose a great many good positions. He came into hospital almost in a state of collapse, and was pulseless, cyanotic, without œdema of the legs. Neither of his heart-sounds could be felt, or almost heard ; and it was only with great difficulty, and after free stimulation, that his pulse could be detected at the wrists. In that condition he remained for some days, and then died. The physical signs were dulness over the præcordial region resembling closely, but not accurately, that in præcordial distension, while the absence of sounds of the heart outside the præcordial region, and absence of any præcordial impulse anywhere, made the case one of no little difficulty to interpret. The patient was dead two days. The specimen was an example of well-marked acute pericarditis, in which adhesions were forming from one surface to the other. Many of the bands were broken down, but some were not. The heart itself, when cut into, was fatty, and a large amount of fat was deposited on the auricular surfaces and also the ventricular. He had not microscopically examined the interior of the heart. He looked on the case as one in which inflammation not only occurred in the pericardium, but passed to some extent into the

heart, producing the weak action of the heart which was found. The kidneys were in a state of commencing granular disease, while the liver afforded a good example of commencing cirrhosis; it was a cirrhotic liver in the contractile stage.

Conditions Modifying the Passage of Hard Substances through the Bowel.

In the proceedings of the Physiological Society of Cambridge, Dr. J. THEODORE CASH made a communication regarding peristaltic movement in the small intestine of a dog upon which a fistula had been established. He enumerated the various causes which he had found effective in modifying the occurrence of contractions in, and in varying the speed of transmission of a solid body through the fistulous intestine. Amongst these causes were mental impressions, the act of deglutition, the introduction of food into the empty stomach, the condition of active digestion, exercise, etc. The animal was not subjected to the action of any narcotic, nor was it in any way bound or restrained.

During the course of the proceedings Mr. Sherrington exhibited a rabbit, in which he had placed a ligature round the optic nerve of the right side nine weeks previously. The ligature used was catgut, about one-twenty-fifth of an inch thick, and was tied as tightly as possible. On the evening of the day of operation, the retinal vessels, as compared to those of the healthy side, were reduced to very fine streaks, perhaps a tenth of their previous diameter. No pulsation could be produced in them by compression. Observation of the fundus was impossible for the next fortnight, because of and on account of opacity of the media, but during the whole of that time the tension on the ligatured side was never so great as on the healthy side. At the present time, as was demonstrated, the tension was still lower than in the normal eyeball. Moreover, the retinal circulation has become re-established, although the vessels, especially the arteries, are smaller than in the opposite side. The right eye is completely blind, and the iris does not react to light. Otherwise the eye, to cursory examination, would appear normal.

Pathological Changes in the Supra-renal Capsules Running a Latent Course.

Dr. FELIX FRANKEL (*Arch. f. path. Anat. u. Physiol. u. f. klin. Med.*, ciii. 2) publishes a case of considerable interest in reference to the rôle played by the supra-renal capsules in Addison's disease. The patient, a girl of eighteen, of good family history and of a robust constitution, was suddenly seized one evening in the winter of 1883 with violent palpitation, headache, dizziness, and a feeling of anxiety. Three months afterward she had a similar attack, having enjoyed good health in the interval. In the summer of 1885 she had a third attack. From this on, pronounced symptoms of kidney disease manifested themselves, which gradually became more severe. At the time of her admission into hospital she had some hypertrophy of the left ventricle, retinitis albuminurica, with urine containing a large percentage of albumen, but few casts and epithelium. The patient died a short time afterward from uræmic poisoning. The case ran almost a typical course of chronic nephritis, without exhibiting any one of the symptoms that go to make up Addison's disease. At the autopsy, in ad-

dition to a moderate degree of parenchymatous inflammation of the kidneys, *the supra-renal capsules were found to have been the seat of very profound changes.* In the right supra-renal capsule a soft mass the size of a filbert was detected, occupying the site of the left supra-renal capsule, and substituting it was found a large tumor, the size of a closed fist, which on section was of a grayish-brown color and which showed here and there a few hæmatoma. The tumor was closely attached to the left kidney, and when fresh was quite soft. It was preserved in osmic acid for some considerable time and then examined microscopically. It was seen to consist of a thick connective-tissue capsule inclosing a substance made up principally of connective tissue, the interstices of which were filled with large protoplasmic cells, with collections of blood-corpuscles at various points, and numerous spots of pigment discoloration.

A Case of Abscess of the Liver, Opened by Free Incision.

Mr. HOWARD MARSH read a paper on this case before the *Brit. Med. Ass.*: The abscess proved to contain thirty-six ounces of pus. He thought the operation might be safely performed on children. Abdominal surgery in children, he remarked, was as safe as in adults. Ovariectomy, removal of the kidney, gastrotomy, and operations for the relief of intussusception, had all been successfully performed on children. In operating on children, it was desirable to avoid loss of blood as much as possible, and also that the operation should be completed with as little delay as possible.

II. PHYSICS, BOTANY, CHEMISTRY AND TOXICOLOGY.

Atropine Poisoning.

SUZNKI reports the case of a woman, aged 19, who had taken a half grain of sulphate of atropine given her by a lunatic. The symptoms were very alarming, and the usual antidotes having proved useless, a warm infusion of jaborandi was given. Ten minutes afterwards the serious symptoms gradually subsided, and the woman made a good recovery.

Poisoning by Chlorate of Potash.

A workman in Vienna, suffering from inflammation of the throat, was given two ounces of chlorate of potash, with verbal instruction to use it for a gargle; the only instruction upon the prescription was, however: "A coffeespoonful in a glass of water." The patient's wife gave her husband a spoonful at one o'clock and another at two, in a medium-sized tumbler of water, and half a spoonful about five, and another about six. Abdominal pains and diarrhoea shortly after taking the first dose. At 7.30 profuse perspiration came on, and about nine sleep. At ten the patient became unconscious, and at one in the morning death took place.

Nitrite of Amyl as an Antidote to Strychnine.

Dr. H. A. HARE (*Boston Med. and Surg. Rec.*) has published the results of his experiments on the physiological antidotism of amyl nitrite and strychnine. He concludes that (1) nitrite of amyl prolongs the lives of animals poisoned by strychnine, and he consequently gives it with chloral and bromide of potassium; (2) when given by inhalation he recommends it to be slowly given; (3) the dose should be given, if possible, before the first convulsion occurs, after which it seems not to possess antidotal power. The nitrite should be given in small, quickly repeated doses, until its full physiological effects are produced. It may be given hypodermically, but the author considers this method the least suitable.

Vanillin in Assafoetida.

Mr. E. SCHMIDT, while engaged in the preparation of ferulic acid from assafoetida, observed in the last mother-liquor of the acid a pronounced odor of vanillin. This observation has been followed up by Leincke and Denner, who have succeeded in isolating vanillin from the drug. The *modus operandi* employed is as follows: The resin is powdered and repeatedly treated with ether, the filtered solutions shaken up with a concentrated solution of sodium bisulphite, the alkaline solution acidified with sulphuric acid and again extracted with ether. The crude vanillin obtained after distillation of the ether is again treated with sodium

bisulphite, sulphuric acid, and ether, and the ethereal residue is mixed with a little water, filtered, and crystallized over sulphuric acid. The vanillin appeared in well-shaped, easily volatilized crystals, melting at 81° to 82° , and possessing all the chemical and physical properties of ordinary vanillin.

Extreme Susceptibility to Ether.

Dr. GEORGE W. SQUIRES, of East Avon, N. Y., reports the following case to the *Med. Record*: Mrs. W., forty-five years of age, housewife, fell down stairs, striking her face against the railing, from which she sustained quite a severe contusion of the right cheek, with effusion of blood under the conjunctiva, from the outer canthus to the margin of the cornea. When first seen she was suffering from a slight frontal headache, for the relief of which the writer applied to the forehead not more than six or eight drops of sulphuric ether with a camel's hair brush. The patient at once said, "That is ether, and it is putting me to sleep," and in less than half a minute she was fully under the influence of the anæsthetic, remaining unconscious for several minutes, and upon recovery, and for some time afterward, presented all the symptoms following profound and prolonged etherization. She could not have inhaled more than three to five drops of the ether, as it was immediately washed from her forehead.

The Chemical Reaction of the Gray Substance of the Brain.

LAGENDORFF has found (*Centbl. f. klin. Med.*, 1886, No. 7,) that the accepted teachings of Gscheidlen, Edinger, and others, in reference to the acid reaction of the gray substance of the hemispheres hold good only in conditions of death and apparent death, but not in the living state. He made several experiments on rabbits and guinea-pigs, and he found that if he quickly removed, with a knife or scissors, a portion of the cortical substance, and dried it between layers of cool blotting-paper, decided alkaline reaction was obtained. When the animals were asphyxiated, the alkaline passed quickly into the acid reaction; but the transformation he holds to be due to the filling of the substance with acid blood, for, when the blood was got rid of, the alkaline reaction gradually returned. The brains of new-born animals, and which exhibit a strongly alkaline reaction, do not become acid either when the animal is bled to death or asphyxiated. The conditions which produce this change in the latter are not known.

Cinchona Assay.

Professor VULPIUS, in the course of a paper on the cinchona bark of the German Pharmacopœia, deprecates the assay method given therein, and suggests as an alternative process that the total alkaloids be estimated by macerating 20 grms. powdered bark with 10 grms. of 10-per-cent. ammonia, 20 grms. of alcohol (90 per cent.), and 170 grms. of ether for 24 hours, 120 grms. of the clear solution being acidified with HCl, and freed from alcohol by evaporation. The alkaloids are precipitated in the filtered liquid, made alkaline with caustic potash, dried, and weighed. The total alkaloids thus obtained are shaken with ten times their weight of ether, which is then filtered into a weighed flask, the residue well washed, and the ether expelled. The flask then contains quinine together with inconsiderable quantities of quinidine and amorphous bases. To obtain more

exact results, the residue in the flask is dissolved in alcohol, the alkaloids in this solution by exact neutralization converted into sulphates with sulphuric acid, and quinine precipitated in the usual way as herapathite, the correction being taken into account.

Iodoform Poisoning.

In an article thus entitled in the *Boston Medical and Surgical Journal*, of August 5, 1886, Dr. E. G. CUTLER presents a very full bibliography of the condition in question, together with the following conclusions:

1. Fresh wounds or unhealthy or tuberculous surfaces are the only ones fitted for the application of iodoform.
2. Only a thin layer or small amount of iodoform is to be applied.
3. When granulations appear healthy, iodoform should be omitted and some other non-poisonous substance substituted.
4. At the first symptoms of poisoning, or coincidently with the original use of it, compounds of the alkalies and vegetable acids are to be given by the mouth at frequent intervals, as acetate of potash. If severe symptoms supervene, transfusion with common salt solution is to be resorted to, and the wound is to be washed free from iodoform with pure water and an alkaline carbonate solution, and afterward powdered magnesia is to be dusted on.

Ice-Cream Poisoning.

Dr. J. W. KALES writes to the *Med. Record*: "Some four years ago I had considerable experience with the so-called victims of poisoned ice-cream, and the lengthy legal investigation which followed. At that time I carefully searched all the available literature bearing upon the subject, and since have carefully watched the numerous reports of wholesale poisoning that have appeared in the press. The symptoms (acute gastro-intestinal irritation) are always the same. That there are in every hamlet men who will willfully mingle poison in food I do not believe, nor do I believe that the extract is at fault. If vanillism is the cause, why do we not have cases caused by drinking soda-water? For vanilla is a popular flavor. Why do we not have cases at our fashionable hotels where cream is served? I do not wish to detract from any man's labors, but I do believe that the cause, or rather causes, of the poisoning can be attributed, not to poor gelatin, vanillism, coumarin, or tyrotoxin, but to the manner in which the cream is partaken. Every law of digestion is violated at the so-called 'ice-cream' festival. Every fellow takes particular delight in gorging himself and his 'best girl,' not only with ice-cream, cake, candy, etc., but with every variety of indigestible substance. This process goes on for two or more hours, when outraged nature comes to the rescue, and the indigestible matter is expelled with all the symptoms of acute gastro-intestinal irritation. It only excites the public because so large a company are sick, or poisoned if you wish, at the same time. Have we not seen isolated cases, presenting exactly the same symptoms, caused by eating oysters and other food, and drinking ice-water? I have. What are the causes of cholera morbus, summer diarrhœa, etc.? Are they other than those of ice-cream poisoning? I say that they are the same. I have arrived at this conclusion after some experience and much study."

Rhus Radicans.

Señor FERNANDO ALTARNIRANDO, writing in the Mexican journal *El Observador Medico*, on a plant called locally the Guau, or the Mala mujer, the scientific name of which is *Rhus radicans*, states that its active principle is of a peculiarly volatile nature, and relates the case of a man who, after collecting and cutting the plant up, complained of chills and a feeling of extreme fatigue, and subsequently developed a rash, at first erythematous and afterwards pustular, affecting chiefly the groins, axillæ, and other parts where the sudorific glands are most numerous. The action of the exhalation from the plant could not well have been direct, as the parts chiefly affected were covered with clothes; and so the writer suggests that the active principle must have entered by the respiratory passages, being then carried by the blood to the skin, where its action became manifest. He advises that preparations of the drug should be made from the freshly cut plant and its juice, and that all the collecting should be done before sunrise. The tincture might be made use of, but the extract must necessarily be inactive—as indeed it has proved itself, having been experimented on by Dr. Dominguez. In case of accidental poisoning, such as in the patient mentioned, the indications would be to produce diaphoresis, and to maintain the skin in a state of moisture. In order to prevent toxic effects, those who gather or manipulate the plant should be careful not to breathe air which has passed over it, but should keep to windward of it.

The plant is known in the United States as *poison ivy*, and is generally taken to be a climbing form of *R. toxicodendron*.

Poisoning by Syrup of Squills.

Before an English medical society DR. MUTCH read a paper on this subject. After a brief review of the chemical properties of squills, he proceeded to relate the symptoms produced in the four cases which had come under his observation: Isaac B——, aged three and a half, suffered from pains in the legs, difficulty in breathing, and prostration. His face was pinched and pale, eyes sunken, lips, fingers, and nails livid, respiration quick, and pulse irregular. He died on the same day as first visited by Dr. Mutch—i. e. February 18, 1886. The boy had suffered from whooping-cough, and had been taking a mixture composed of syrup of squills, syrup of violets, ipecacuanha wine, and oil of almonds, for about ten weeks. Ethel B——, aged five, had taken the same mixture for the same period as the foregoing, and some days subsequent to the death above mentioned complained of her legs giving way, of falling several times, and of vomiting. Her eyes were sunken, respiration and temperature normal, face pale and livid; her pulse was irregular and intermittent (one in every four beats); pupils normal. She died suddenly five days after the onset of these symptoms, on February 26th. A post-mortem examination was made forty-eight hours after death, when the chief signs were found to be fluidity of the blood, arrest of the heart's action in systole, and lividity. The two remaining cases, L. B——, aged eight, and T. B——, aged six and a half, presented the above symptoms in a lesser degree. Both these cases recovered. The mixture had been analyzed by Dr. Trueman, who attributed the symptoms to an especially strong preparation of squills in the mixture which had been administered.

Death Due to the Inhalation of Nitric Acid Fumes.

Dr. J. W. STICKLER, of Orange, N. J., sends to the *Med. Record* the following interesting account: "Mr. Sinclair, of New Zealand, sent me an account of a very distressing disaster which occurred on board of the *Manopouri*. It seems that there had been put into the hold of the vessel a case of nitric acid. One of the bottles being broken, the acid escaped, filling the hold with its corroding fumes. Upon one of the hatches being removed the ship was thought to be on fire, and the hold therefore was deluged with water. The men who went below, however, discovered that what was regarded as smoke was in reality a far more irritating substance (nitric acid fumes), although at the time it did not cause a decided burning sensation in the throat or lungs. Within a few hours the men who had been thus exposed began to complain of serious illness, and in a very short time died. Three men sacrificed their lives in this manner. This sad accident is cited to call attention to the fatal consequence of carelessness in the stowage on shipboard of acids, the fumes of which are powerful enough to destroy life when introduced into the lungs by inhalation. In this instance there was gross carelessness on the part of the shippers in not properly marking the case containing the acid. It appears that this practice of shipping dangerous goods without notice of their character (so as to save cost) is a very common one, and the only wonder is that more accidents do not result from it. This sad accident also indicates the rapidity with which the fumes of nitric acid may destroy life when brought into contact with the pulmonary tissue, even when the symptoms immediately following its inhalation do not point to a fatal issue, as was the case in the instance above quoted.

Cocaine Poisoning.

Dr. LUCAS CHAMPONNIÈRE's *Journal de Médecine et de Chirurgie* for last month devotes an article to cases of poisoning by cocaine, based on researches of M. Chatellier. The employment of the valuable remedy is not contra-indicated by the occasional manifestation of toxic effects, nevertheless it is important to know them. In a case cited by Dr. Speer, a man was in the habit of self-injecting cocaine to combat the effects of drunkenness. The action closely resembled opium poisoning, but the patient recovered under appropriate treatment. A woman, aged twenty-five, to combat hay-fever, had a watery solution containing fifteen centigrammes of hydrochlorate of cocaine injected into the nose. In about twenty minutes she became giddy, was oppressed by a sense of weakness, and could not see distinctly. A little later she was in a semi-comatose condition, pulse not countable, slight dyspnoea, pupils dilated. These symptoms disappeared in the course of three hours under the influence of internal stimulants and external friction. Dr. Ziem, of Dantzic, reports that he injected under the conjunctiva of a man, aged forty, two drops of a 40 per cent. solution. In the course of a few minutes the patient became pale, the forehead bedewed with sweat, and respiration embarrassed. He states that seventeen cases of cocaine poisoning have been reported by oculists. In three the agent was injected hypodermically; in fourteen merely into the conjunctival cul-de-sac. The usual symptoms are pallor and clamminess of the face, vertigo, and great prostration, sometimes lasting for days. Headache and vomiting are infrequent. In one

case, after sub-conjunctival injection of fifteen drops of a 2 per cent. solution, the gait became uncertain, articulation indistinct, and memory lost. In another case sub-conjunctival injection of eight drops of a 3.5 per cent. solution produced loss of consciousness and convulsions. M. P. Tissier relates the case of a child, aged four, affected with whooping-cough and coryza, whose nasal fossæ were penciled with a 1 in 30 solution of hydrochlorate of cocaine. In the afternoon the eyes became distorted and the child convulsed, but these symptoms disappeared without treatment.

Case of Recovery after Swallowing a Fluid Ounce and a Half of Commercial Hydrochloric Acid.

Dr. ROBERT BLACK reports this case in the *Lancet*, July 3: George B——, a man, aged thirty-nine, was brought to the hospital reported to have swallowed hydrochloric acid. It appeared that he had lately become melancholy, and had attempted suicide by laudanum four days previously, but was fortunately discovered and the poison taken from him. On the day of admission he purchased an ounce and a half of "spirits of salt," which he sent for in a small gallipot; he then filled an ounce and a half bottle with the acid and drank the whole of it. He was seen about ten minutes afterwards by Dr. Harris Ross, who at once administered some calcined magnesia and recommended his removal to the hospital.

On admission he was very pale and much collapsed. There was much retching, and he vomited a quantity of dark, blood-stained fluid with a peculiar, almost aromatic, smell. There was a well-marked red line at the back of the hard palate, where the acid had first come in contact with it. He complained of no pain and no tenderness at the epigastrium. He was ordered some carbonate of potash and borax with Battley's solution of opium, but continued to vomit dark blood-stained fluid, with small shreds of membrane.

May 4th. The man has been quite free from pain and can swallow well, but is still sick from time to time. The bowels have acted without aperient, and the motions contain a little blood. A white membrane has formed on the dorsum of the tongue, and is slowly peeling off. He has now a good healthy color in his cheeks, and presents a tranquil, comfortable appearance, and sleeps well all night. The temperature has been 99.5° until to-day, and is now normal.

10th. The patient has been up for two days, and appears perfectly well. There is no pain, no difficulty in deglutition, and the evacuations contain no blood. There has never been any marked constipation.

On the 12th he left the hospital quite well. Dr. Ross ascertained from the chemist that the acid supplied was of the ordinary strength of the commercial crude hydrochloric acid; and it was conclusively proved that the full amount above mentioned was taken.

Death from Oil of Turpentine.

Dr. D. V. WALE thus writes in the *Kansas City Med. Index*:

Case.—R. B., male, aged twenty-one months, on the 21st day of June, 1886, drank from a bottle an unknown but small quantity of turpentine; the amount could not have exceeded two drams. Vomiting ensued immediately. Child complained of pain and burning in mouth, throat and stomach immediately after swallowing the turpentine. Drank a great deal of water.

When I first saw him, one hour after the accident, he complained of pain and burning as before remarked. His stomach was full of water. Gave x. grs. powdered ipecac, which produced emesis within two minutes. Said he felt better. Gave him milk and cream mixed, also bismuth. Told the mother no danger would accrue if inflammation did not ensue.

One hour later was sent for. Child was complaining of great pain in the stomach. Abdominal parietes over the stomach very rigid. Applied poultice to abdomen; gave $\frac{1}{2}$ gr. morph. sulph. every fifteen minutes. Saw him two hours later; but little ease from the morphia. Gave in addition v. gtt. of laudanum with $\frac{1}{2}$ drop tr. aconite root every half hour.

Six hours later was easier. No fever, but the pain (tenderness) and swelling had extended all over the abdomen. Urine passed normally. Gave enema; no evacuation from it. Continued treatment as before, increasing the size of poultice so as to cover the entire abdomen.

Four hours later symptoms had become worse. Continued treatment, except to omit aconite. Had vomited from taking milk. From that time on the symptoms grew worse; pulse became thready, quick and frequent (at one time 240 to the minute). Under the influence of whisky the pulse became slower and fuller.

Diarrhoea, uncontrollable, supervened during the second 24 hours, and continued until death, fifty hours after receiving the lethal dose. Was rational all through illness. The excessive amount of opiates did not produce narcosis.

This case might have been more properly termed death from gastro-peritonitis caused by turpentine, as it was the inflammation resulting from the irritating properties of the turpentine, and not intoxication, that was the cause of death.

I can find only three deaths from turpentine reported. In looking over Reynolds's System, Pepper's System, Quain's Dic. of Med., Ziemssen, Aitkin, Watson, Wood, Flint, Bristowe, Niemeyer, Kinze, Bartholow, etc., I do not find turpentine mentioned as a special cause of either gastritis or peritonitis.

Synopsis of a Case of Chronic Poisoning by Bisulphide of Carbon.

Dr. THOS. H. BRYCE read this paper before the Medico-Chirurgical Society of Edinburgh:

Case of J. S., æt. 47, employed in the rubber works in Edinburgh: For two years the patient has been nearly constantly exposed to the fumes of the poison rising from the "curing troughs." After three months of exposure he became very languid and easily tired. He lost all appetite, frequently vomited, and had always more or less nausea. Then, after a month or two, he found himself drowsy in the evening after his work, but sleepless at night, constantly waking up with a start, and frequently dreaming that he was falling over a precipice. He also began to suffer from severe headaches. He became very nervous, and his memory was impaired. His eyes, too, became weak and his vision dim, and more lately he failed to recognize his own wife a few yards off.

About a year ago he began to get thin and weak. He could not walk far without resting frequently, and his back was so weak that he had difficulty in raising himself. He had constant tingling, numbness, and coldness of hands, feet, and legs as far as the knees, and a "wearing" pain in the loins. At night he had

"cold shivers," which gave place to profuse perspiration and painful cramps of the toes, and, more lately, of the fingers also.

Eight or ten months ago he began to be troubled with frequency of micturition and occasional emissions, but he never lost sexual desire nor power.

Since the beginning of the year he has suffered from temporary ptosis occasionally, and all the other symptoms have gradually got worse. Early in April he became so weak and prostrate that on one occasion he fell to the ground. He had a violent attack of vomiting and purging, completely broke down, and had to give up his work.

Nervous System.—The headache the patient suffers from comes on when he breathes the vapor, and sometimes lasts for days. It is severe, burning, and darting in character; always on the left side shooting from the back of his head over his forehead and temple. He complains of numbness and coldness of the extremities, which are cold to the touch; also of a tingling, sometimes a pricking, sensation. Sensibilities to impressions of touch or pain not much, if at all impaired, but that to thermal impressions impaired in feet and legs as far as knees, and backs of hands as far as a little above the wrists; muscular sense normal.

Sight.—Vision is impaired. He can read only the largest print in a newspaper. Objects are blurred. On going into the light everything seems to be in a mist. He cannot distinguish the features of a person a few paces off. He can see, if anything, better in the dark. Glasses are little help to him. Dr. Argyll Robertson, who kindly examined him, thinks the case may be complicated by tobacco amplyopia. He finds a central blindness to green and red. Fundus and disc normal, but slightly hyperæmic. Incipient peripheral cataract in left eye.

Smell.—Partial anosmia after exposure to the vapor.

Motor Functions.—Organic reflexes. Micturition sometimes as frequent as every half-hour. Occasional seminal emissions. Reflexes superficial and deep, normal. No clonus. Muscular system greatly enfeebled. Muscles wasted and flabby. No group specially affected. No tremor nor twitching. Index of dynamometer raised to 70.

No tender point anywhere down the spine, nor is any pain elicited by the hot sponge test.

He is very thin and emaciated, and nearly all the subcutaneous fat has disappeared. He has lost two and a half stone during the last year.

The other systems present nothing further worthy of note.

Notes of a Fatal Case of Poisoning by Bisulphide of Carbon; with Post-Mortem Appearances and Remarks.

Dr. WM. FOREMAN thus writes in the *Lancet* (July 17): Poisoning by bisulphide of carbon is so rare that the following notes of a case may be deemed of some interest.

On March 15th of the present year, I was called at 5:30 p. m., to J. S——, aged sixty-three, shoemaker. He had been drinking for the previous ten days, and had come in from the public house at 4:30 p. m., and asked that some gin should be sent for; this was done, and almost immediately afterwards he was noticed to be strange, and said, "I have done it." It was then perceived by a bottle close to him and by the smell that he had swallowed a preparation used by him in his

trade, and which turned out to be bisulphide of carbon. I was at once summoned, and probably a quarter of an hour elapsed between his taking the poison and my seeing him. When I saw him he was sensible, and wanting to go in the back yard to defecate, but the persons present were trying to keep him in his chair. I was not able to get any information from him. There was a very strong smell of bisulphide of carbon in the room. I at once administered a tablespoonful of mustard with six ounces of warm water. He drank about four ounces. I then left him, and prescribed forty grains of sulphate of zinc, to be taken at once in warm water if the mustard had not acted; afterwards to take fifteen grains each of bicarbonate of soda and carbonate of magnesia every ten minutes. At 6:15 p. m. I saw him again, at which time he was completely unconscious, and could not be roused. As he had not vomited, I introduced the stomach-pump, but only obtained a small quantity of brown-colored fluid, with a white frothy substance floating on the top, due probably to the mixture of soda and magnesia which had been given. I washed out the stomach with warm water. The pupils were normal, but reacted to light; conjunctivæ suffused and insensible to the touch. Respiration slow, long, and stertorous; pulse small, rapid and compressible, varying from 150 to 160 a minute. Surface of the body cold and clammy; tongue thick and furred. After washing out the stomach, I gave him two tablespoonfuls of brandy in half a glass of water through the stomach-pump. He never rallied, but died about two hours and a quarter after taking the poison.

Through the kindness of our coroner, Mr. Rowbottom, my partner, Mr. Berry, received instructions to make a post-mortem examination, which we made conjointly twenty hours after death, when the following appearances were noted: Rigor mortis complete; pupils normal; hypostatic congestion of dorsum; body well nourished. On opening the head, the dura mater was adherent to the calvaria; surface of the brain much congested; veins gorged with black blood. Brain substance healthy. Thorax: The left lung was slightly adherent at the apex; no effusion in the pleural cavities; lungs healthy. Heart: The right ventricle contained about an ounce of dark fluid blood; walls covered externally with a layer of fat; left ventricle firmly contracted and empty. Abdomen: The stomach contained about a quarter of a pint of fluid, with flakes of lymph in it, slightly ropy, and appeared to be water and mucus. A faint smell of bisulphide of carbon was perceptible. The submucous tissue was injected, and there was a number of minute hemorrhages. The posterior wall of the stomach was much more congested (to the size of a crown-piece) than the anterior surface. There was no perforation or abrasion of mucous membrane. The spleen was small, but healthy. The liver was normal in size, and healthy. The kidneys were surrounded with a large quantity of fat; they were slightly congested, but healthy. The bladder contained about two ounces of urine, having a slight smell of bisulphide of carbon. There was less of the cadaveric smell than is usual in post-mortem cases.

Remarks.—Bisulphide of carbon would appear to be a narcotic poison, and very powerful in its action. In this case, although I had difficulty in ascertaining the quantity, half an ounce would be the full amount taken. In the *Medical Times and Gazette* of 1878 (vol. ii., p. 350,) I find a case reported with symptoms similar to the foregoing, but with a better termination, as the patient recovered,

after being comatose for some hours. In that case two ounces is said to have been taken. In my case the patient became comatose in half an hour and could not be roused, and, although the stomach was emptied, no abatement of symptoms occurred, and death took place in two hours and a quarter.

Cases of Poisoning.

Dr. L. A. WOHLFARTH reports these cases in the *Kansas City Med. Index*:

Case I. A two-year-old child of Mr. T., near Argentine, Kas., had eaten stramonium blossoms. Saw the patient three hours afterwards. Symptoms:—Tetanic convulsions, labored respiration, very rapid and feeble pulse, dilated pupils, could not swallow. Before I could obtain remedies the patient died.

Case II. E. D., a photographer and traveling "doctor," had prepared a solution of quinia for himself, but instead of taking the quinine took concentrated spts. ammonia (photographers'). He immediately came to my house and fell down. Gave him two teacupfuls of vinegar, which caused almost instantaneous vomiting; he felt relieved, but the mucous membrane of the mouth and throat were severely corroded and became greatly inflamed. Treated the inflammation on general principles, and had to resort to rectal alimentation. Recovered.

Case III. The one-year-old child of Mr. T. had been given, instead of a cough-mixture, a medicine prescribed by a physician for the mother, containing ten drops nucis vomicæ to the dram. Saw the child three hours later, and found it in tetanic convulsions, almost pulseless. The little patient died shortly after my arrival. No medicines were given.

III. MATERIA MEDICA AND THERAPEUTICS.

Camphor, Chloral, and Cocaine in Toothache.

Dr. K. GSELLFELS recommends in toothache, with hollow teeth, a plug of cotton-wool saturated with a mixture made by heating five parts of camphor, five parts of chloral hydrate, and one part of hydrochlorate of cocaine to boiling for some minutes. An oily liquid is obtained.

Active Principle of Bonduc Seeds.

A bitter principle has been extracted from the bonduc seeds of the Indian Pharmacopœia, in the form of a white bitter powder, soluble in alcohol and chloroform, and nearly soluble in water. It dissolves in fixed and volatile oils. In doses of from ten to twenty centigrammes it has proved of value equal to quinine in the treatment of intermittent fever.

Tar Bandages.

Dr. PROKHOROFF, writing in the *Vratch*, speaks very highly of the advantages of tar bandages in compound fractures and suppurating wounds. The material used for the bandage is gauze, and, after this has been applied, it is well smeared over with the tar brush. The dressing is not changed, but fresh tar is applied daily. The cases in which this method has been employed are not as yet very numerous, but Dr. Prokhoroff hopes that other surgeons will give the plan a trial.

Ichthyol in Sheets.

Dr. GÉCÉ (*Gazette des Hôpitaux*) has devised a means of applying ichthyol which appears to have many of the advantages of the "fixed adhesive dressings," being protective, supple, adherent, easy of application, and not requiring frequent renewal. It is made in thin sheets, which are directed to be cut into strips, moistened in hot water, and applied to the diseased part. It adheres perfectly, and forms as it were an artificial epidermis. Its renewal is required every three or four days.

Antiseptic Paper Dressing.

Dr. DON ANTONIO MORALES PEREZ describes in the *Revista Médica* of Seville a simplified antiseptic or Listerian dressing, consisting of bibulous paper heated to 110° C. and soaked in a solution of carbolic acid, boracic acid, or corrosive sublimate. This is placed over the wound in about eight layers, and covered with sheet gutta-percha or mackintosh, the whole being secured by an india-rubber bandage. The writer claims for this dressing the advantages of cheapness and portability, and thinks it will be found very serviceable in the field and in small hospitals.

The Treatment of Night-sweats in Phthisis.

ABLETSOFF, according to the *Lancet* (July 3, 1886), has made a careful study of the effect of various drugs upon night-sweats. He finds that hydrochloride of pilocarpine, even in doses of from one-sixth to one-eighth of a grain, not only fails to diminish the sweating in most cases, but renders the patient's condition worse, by reason of the gastro-intestinal irritation which it produces. Neither does this drug possess the superior expectorant properties that have been alleged for it. Duboisine, picrotoxin, and homatropine certainly reduce the amount of perspiration; but, as the use of the two former drugs may be followed by unpleasant effects, homatropine is to be preferred in phthisical cases.

Bromine in Diphtheria.

Señor LOVAT A. MULCACHY, of Buenos Ayres, finds great advantage in cases of diphtheria in giving a solution of bromine. The bromine is simply dissolved in water in the proportion of 1 to 2500. A teaspoonful of this is given every ten minutes. He says that children will swallow it automatically even when asleep. For infants under three years of age the strength may be diminished to half that mentioned above. He cites several cases showing the successful results obtained by this method, but he points out the importance of the administration being continued for some days, and of the medicine being given exactly every ten minutes. As to local caustic applications, he considers that they serve no purpose whatever, but only irritate and distress the patient.

Antipyrine in Pediatrics.

In the policlinique of Rio Janeiro, Professor MONCORVO has tested the value of antipyrine in infantile therapeutics by administering it to more than one hundred children of various ages, the youngest being only thirteen days old. The principal diseases treated were bronchitis, broncho-pneumonia, tuberculosis, acute rheumatism, and some surgical affections associated with suppurative fever. As much as from two to three grammes of the agent were given every hour or two, and repetition regulated by half-hour thermometric observation. No toxic effect was observed, and defervescence was rapid and regular. Antipyrine may be employed hypodermically, and, when administered by the mouth, may be combined with quinine, the absorption of which it appears to facilitate.

Uses of Potassium Chloride.

At the recent meeting of the American Medical Association, Dr. A. F. PATTEE, of Boston (*Philadelphia Medical News*, July 5, 1886), communicated a paper on potassium chloride. He had used it in many cases of anæmia with success, and had also found it beneficial in the first stage of hepatic cirrhosis. Inflammatory exudations, *e. g.*, pelvic cellulitis, and glandular enlargements, subsided under its use. In stomatitis it was equal to the chlorate. He had also used it in ovarian neuralgia and menstrual headache, where it was more reliable than the bromides. Combined with corrosive sublimate it was one of the best remedies for syphilis. In cellulitis he gave it in ten-grain doses every three hours. He had also used it in epilepsy, finding it most serviceable in anæmic cases.

Cocaine in Hay-fever.

In the *Brit. Med. Jour.*, July 1886, Dr. W. S. PAGER states that he can testify from personal experience to the efficacy of cocaine in the relief of hay-fever. The author employs a small spray-producer, and a solution of cocaine (2 per cent.). A few minims sprayed upon the eyes, with the lids half closed, and afterwards each nostril, will give relief for some time. When the symptoms return, the spray must be repeated. About half a grain of cocaine is sufficient to use each time, and, if repeated several times in the day, more relief is obtained than by any other method of treatment.

Bismuth Salicylate.

In view of the satisfactory results obtained by Solger and Vulpian from the use of this salt, and the diverse experience of others, LANGGARD (*Deutsche Med. Wochenschr.*, July 3, 1886), calls attention to the fact that the salt is found commercially in two forms, one of which is medicinally inefficacious. The two salts are the acid salicylate and the sub-salicylate of bismuth. The former contains forty-one per cent., the latter twenty-four per cent., of salicylic acid. The basic salt (the subsalicylate) is the useful form, and is prepared by washing the commercial salt with distilled water until the wash water gives no violet reaction with ferric chloride.

A Cure for Hay-Fever.

In the *Brit. Med. Jour.*, July, 1886, p. 18, Dr. T. H. MOORHEAD states how he has obtained relief from hay-fever, after having suffered annually from this complaint for thirty years. The author tried cocaine and found the benefit too transient; he next tried irrigation of the nostrils with a solution of alum and borax; this caused such intolerable pain that Dr. MOORHEAD was obliged to give himself a hypodermic injection containing one-twentieth of a grain of morphine, and one-two-hundredth of a grain of atropine. In ten minutes the pain was relieved, and all the symptoms of hay-fever had gone. The same quantity of morphine and atropine was afterwards injected night and morning, and complete relief was obtained.

Rhodan Soda.

This powerful drug has been recently studied by PASCHKIS, the results of whose observations appear in Schmidt's *Jahrbücher* (April, 1886). Its action is somewhat similar to that of strychnine, although less rapid. Five cc. of a twenty-per-cent. solution injected under the skin of a frog caused prolonged tetanic convulsions, with inhibition of the respiratory and cardiac movements. Three drops of a three-per-cent. solution in contact with the exposed heart of the same animal produced a gradual slowing of the beat until the action ceased entirely, to be renewed on the application of a solution of atropine. When injected into the arteries of mammals, it caused a marked and permanent increase in the blood pressure.

Hoang-nan as a Remedy for Hydrophobia.

BARTHELEMY (*Bull. Gén. de Thérap.; Therap. Gazette*) states that this drug has long been used in Tonkin in the treatment of hydrophobia, and apparently with

some degree of success, if administered before the onset of the malady. The writer professed to have warded off the attack in twenty-four cases, the premonitory symptoms being clearly marked in two patients. Lesserteur has administered hoang-nan to one hundred persons who had been bitten by rabid dogs, and in no instance did hydrophobia appear. The treatment was continued for twelve days, fifteen grains of the drug being administered daily. Barthélemy infers that hoang-nan, when given during the incubative period, may produce certain changes in the nerve-tissue sufficient to prevent the development of the peculiar virus.

Inutility of Curare in Epilepsy.

Messrs. BOURNEVILLE & P. BRICON conclude, from a number of experiments, reported in the *Archives de Neurologie*, that curare is of no value in epilepsy, the results obtained being quite different from those reported by others. Of 21 cases suffering from various forms of epilepsy, some adults and some infants, subjected to treatment by hypodermic injections of curare for a period of from three to six months or more, only one appeared to derive any real benefit. One other seemed slightly ameliorated. In a third the muscular movement was less violent, although the number of attacks was not diminished. The results, therefore, were not encouraging, and the reporters think that curare should not be retained on the list of remedies useful in the treatment of epilepsy.

Cocaine as an Anodyne in Mercurial Stomatitis.

Dr. BOCKHART recommends (*Monatsh. f. prak. Derm.*, No. 3, 1886), that in mercurial stomatitis the gums should be painted with a five per cent. solution of cocaine when the swelling is moderate; a ten per cent. solution being used in more severe cases; and in very severe cases a twenty per cent. solution. In the slighter forms the solution is painted with a brush on the gums once daily, an hour before food; in the more severe forms twice daily, ten minutes before food. The cocaine solution can be used by the patient himself. When brought into contact with the mucous membrane it causes a momentary sensation of burning and a temporary increase in the secretion of the saliva. The brush must be disinfected with carbolic acid after use, otherwise the bacteria which it brings with it from the gums lead to decomposition of the solution of cocaine. Great relief is said to be given by this remedy.

Salol, a New Anti-Rheumatic.

From Bern, Switzerland, comes the recommendation of a substitute for the salicylate of soda, called salol. It is a compound, first prepared and studied by Prof. Nencki, of Bern, and represents a salicylic-phenol-ether or salicylate of phenol. In the duodenum the pancreatic juice splits the agent into phenol (forty per cent.) and salicylic acid (sixty per cent). It is a crystalline body, insoluble in water, and to be given in powder or tablet form in fifteen-grain doses to adults three or four times a day. The drug is said to be anti-rheumatic and antipyretic in action. It has been used in all the forms of articular rheumatism, also in rheumatic neuralgia, erythema nodosum, nettle-rash, peliosis, phthisis, etc. Salol is said to be free from all the drawbacks of the soda-salt, such as unpleasant taste, gastric disturbance, tinnitus and other head effects. The Swiss correspondent of the *British Medical Journal* vouches for these statements.

The Antipyretic Action of Antipyrin.

At a meeting of the St. Petersburg Marine Medical Society, Dr. BÜRTZEFF related (*Meditz. Pribavl. k' Morskomi Sborniku*, March, 1886,) his observations on the action of antipyrin on healthy and diseased subjects. He arrives at the following conclusions: 1. Antipyrin is inactive in malarial fever. 2. Doses of two to three and a half grammes lower the febrile temperature by 0.5° to 2.8° C., the fall lasting from five to eight hours, and being followed by a slow re-elevation. 3. The drug sometimes causes unpleasant accessory phenomena, such as nausea, vomiting, drowsiness, perspiration without desquescence; hence it is advisable to be cautious in dosage. 4. In healthy persons, the said doses produce a fall of temperature varying from 0.2° to 0.5° C. 5. Nausea and vomiting are caused most frequently by preparations of yellow color, and may be averted by mixing the solution with mint-water.

Pulsatilla.

According to M. BRONEVSKI, in *L'Union Med.*, anemonin, a substance prepared from the *anemoni pulsatilla*, first irritates then paralyzes the respiratory centre. It diminishes cardiac activity and voluntary movement by its action on the spinal nerve centres. It causes death in dogs and rabbits by paralyzing the heart in doses of three grms. of the extract administered subcutaneously. This quantity corresponds to ten of infusion or decoction, and to one to two of the tincture. 0.1 gm. of anemonin proved fatal to a rabbit in an hour; dogs succumbed to a subcutaneous injection of two grms. in from 24 to 36 hours, with increasing dyspnoea, torpor, paralysis of all the limbs, diarrhoea, and cessation of cardiac movement. Autopsy showed hyperæmia of all the parenchymatous organs. Therapeutically, anemonin is useful in bronchitis, convulsive cough, and asthma. The daily dose is from 0.05 to 0.1 gm. taken twice in powder. A larger dose causes headache and heaviness in the limbs.

Commercial Preparations of Cocaine.

In the *Meditz. Obozrenië*, No. 8, 1886, p. 763, Dr. F. K. GARTHER states that a thoroughly pure cocaine may be identified by the following tests: 1. It must evaporate tracelessly on being heated on a platine sheet. 2. Solutions of its muriate must be neutral. 3. The drug must not change its color on being treated by sulphuric acid. 4. When a solution of two centigrammes to half a gramme of hydrochlorate of cocaine is mixed with one drop of a 2 per cent. solution of permanganate of potash, the resulting fluid must assume a red color and remain transparent. On a subsequent addition, drop by drop, of the permanganate solution, there must appear a red precipitate consisting of permanganate of cocaine, which becomes brown (hydrate of manganese) only after heating, and that without evolving an odor of bitter almonds. When the addition of one drop of the permanganate solution brings about a brown discoloration or brown precipitate, or when on heating the mixture there appears an odor of bitter almonds, the preparation is impure and unfit for use. Having analyzed six specimens of commercial hydrochlorate of cocaine, Dr. GARTHER found that only one of them—Merck's cocaine—satisfied the demands as stated above (except having an acid reaction). All the remaining five proved impure.

Vinegar as an Antiseptic.

ENGELMANN, of Kreuznach (*Centralbl. f. Gynäkologie*, July 17, 1886), has used vinegar in several cases of diphtheritis with very good results. He then tested its antiseptic properties by the usual methods, with unexpected results. He found vinegar to be more destructive to microorganisms than a 2½ per cent. solution of carbolic acid. The degrees of dilution for different methods of application were as follows:

For internal use	1 : 4.
As a gargle	1 : 2.
For spraying	1 : 2-3.
For application by the brush	Undiluted.

The author suggests the great desirability of further experiments in this regard.

The Therapeutics of Subnitrate of Bismuth and Asclepias Tuberosa.

Dr. AMOS SAWYER, of Hillsboro, Ill., read a paper on this subject before the Mississippi Valley Medical Society. The author opened with the assertion that acology had been inexcusably neglected in our Society proceedings. The author thought that one of the principal therapeutic effects of bismuth was its power to coagulate mucus. He had used the subnitrate of bismuth to coagulate the mucus in throat and nasal troubles.

In the tormina of dysentery, so distressing to the patient, the fluid extract of asclepias tuberosa, in teaspoonful doses, every two hours. A warm infusion of the fresh root also acts like a charm. In drachm doses every two hours it relieves the pain of acute muscular rheumatism in from six to eight hours; also the severe pains of pneumonia are relieved by it. Asclepias tuberosa is certainly a sudorific anodyne, and occasionally, through an idiosyncrasy, an emetic.

The Use of Cocaine As a Local Anæsthetic.

Dr. WM. B. HOLDERNESS thus writes in the *Brit. Med. Jour.*: The following case is interesting, showing the value of cocaine as a local anæsthetic.

A man, aged 47, suffering from a tight stricture at the bulbous portion of the urethra, which had twice caused retention, was given ether for the purpose of having his stricture stretched; he became, however, so violent from the anæsthetic that the operation had to be abandoned. On the following morning, I determined to try the effect of cocaine. I injected into the urethra half an ounce, or rather more, of a 5 per cent. solution, and anointed all the instruments used with an ointment containing 5 grains to the ounce (I think in another case I shall use lanolin). I waited five minutes, retaining as well as I could the solution in the urethra; I then passed Mr. Harrison's "stretcher" through the stricture, which had taken some days of continuous dilatation with the finest bougies to enable it to pass. There was no pain whatever; and in the course of half an hour I dilated gradually, so that the No. 10 rod passed easily along the stretcher, and through the stretcher, no pain whatever being experienced, beyond a desire to pass urine. A No. 9 bougie is now passed by the patient into his bladder.

Electrolysis in the Treatment of Keloid.

Dr. W. A. HARDAWAY (*Philadelphia Med. Times*, May 29, 1886) has, during the past three years, been in the habit of recommending electrolysis for the treatment both of hypertrophied scars and of true keloid. His attention was accidentally drawn to the subject. A lady who had a large number of superfluous hairs consulted him as to their removal. Owing to previous attempts at their destruction by caustics, and in other ways, they were surrounded by much hypertrophied tissue; and in attempting their removal the needle was plunged very freely into this scar tissue. As the case progressed, the hypertrophied scars gradually became smoothed out, and finally became flat. Since then he has intentionally treated several cases of keloid and hypertrophied scars in this way, and the results have been very encouraging. He operates by making a number of punctures on the surface with the electrolytic needle, and by running it in various directions through the base.

Lactic Acid as a Caustic.

It will be remembered that MOSETIG has recommended lactic acid as especially valuable for use as a caustic, from the fact that it spared the healthy tissues. This claim would seem, however, to be disproven by Drs. Spitzer and Hermann in some recent experiments. These observers publish eight cases of lupus and epithelioma treated with concentrated lactic acid as proposed by Mosetig, and state their conclusions as follows:

1. The pain produced by the cauterization with lactic acid is at least as great as that caused by any other caustic.
2. The patients prefer invariably any caustic to lactic acid.
3. The action of lactic acid resembles that of other caustics, but is less energetic.
4. Healthy tissues are not spared any more by this than by any other caustic.
5. Lactic acid has to be employed for a much longer time than chloride of zinc and other energetic caustics.

The Oil of Eucalyptus in Malarial Affections.

In a paper read before the Philadelphia County Medical Society (*Therapeutic Gazette*, June 15, 1886), Dr. J. H. MUSSER gives the results obtained by the administration of eucalyptus oil in a number of cases of intermittent fever and other malarial affections, and formulates the following conclusions, based upon his observations:

1. The oil of eucalyptus is of decided value in about thirty-three and one-third per cent. of all cases of intermitting malarial fever.
2. It has no specific value in any one type of the disease.
3. The longer the duration of the disease, the less liable it is to do good.
4. Relapses are not prevented by it.
5. Its influence on the spleen has not been demonstrated.
6. A dose of ten drops four times daily has been a sufficient dose, but five drops every three hours would be of greater value possibly.
7. Good results are not attained as quickly as by large doses of quinine, but a good effect should be observed within five days at least.

Treatment of Neurasthenia and Hysteria.

In a recent paper (*St. Petersburger Medicinische Wochenschrift*, June 28, 1886,) Dr. BURKART reports a number of cases of hysteria and neurasthenia, treated by Weir Mitchell's method of rest in bed, massage and faradization of the muscles, overfeeding, and isolation, and points out the circumstances under which this method may be expected to give good results. The first condition of success is that the patient shall have preserved a certain amount of will-power, and shall have a clear idea of what it is intended to accomplish by a strict carrying out of the method. As contra-indications he mentions an irritable condition of the brain as regards its psychical functions, marked hyperæsthesia of the abdominal sympathetic, and uncontrollable reflex vomiting. If, however, this form of vomiting be absent, the presence of dyspeptic symptoms indicates a proper subject for this method of treatment. The digestive powers are very quickly restored in hysterical patients, though neurasthenia gastrica requires more time for its correction. Cases of spinal irritation are also speedily relieved by Weir Mitchell's plan.

Neurotic Treatment of Catarrh.

In an article in the *Lancet* on the neurotic treatment of catarrh, Dr. DAVID B. LEES gives the case of a very rickety girl of four years, with highly-deformed chest. A stream of catarrhal secretion was flowing from both nostrils, marked dyspnoea, temperature 101°. The chest showed good resonance everywhere; but an abundance of catarrhal râles. Turpentine liniment was rubbed on the chest, and eight grains of bromide potassium and four minims tincture belladonna were given every four hours. In 46 hours the patient was quite well. The writer says he has never failed to rapidly arrest his own catarrh (with bromide, 40–60 grains, tincture belladonna six minims, every six hours), nor has he failed in a single instance in which he himself has administered the remedies. Dr. G. Abboth, mentioning the above paper, says that where a catarrh is the result of exposure to a cold or east wind, it can always be limited to the nostrils and cured in a few hours, by the occasional inhalation of a strong solution of ammonia. This can be carried in the pocket and used whenever a watery flux comes on.

Blood Enemata.

Dr. GUTIERREZ gives an account in *El Dictamen* of a case where blood enemata proved of great service. The patient was a badly nourished woman, on whom the author had performed Hegar's operation of excision of the cervix uteri on account of hypertrophy. On the twelfth day a rigor occurred, which was followed by catarrhal pneumonia. The treatment employed relieved the pulmonary symptoms, but evening fever, partial sweats, anorexia, extreme prostration, and a highly anæmic condition persisted in spite of the employment of cod-liver oil, hypophosphites, and other remedies ordinarily prescribed. After a month had elapsed, without any amelioration of the patient's condition, Dr. Gutierrez determined to give enemata of blood. In three days after these were commenced the patient began to regain her color, and the night temperature diminished. In a week she was able to take and enjoy her food, and to answer questions put to her. After the blood of eighteen lambs had been used, the cough had entirely disappeared; there was no fever, and the patient was able to get up and walk about; her color had quite returned, and her spirits had regained their elasticity.

Gelosine.

In the "Bulletins et Mémoires de la Société de Thérapeutique" (Paris, July 15th), M. GUÉAIN published a communication on gelosine, a mucilaginous principle which he has extracted from the *géluse* of *Gelidium corneum*, an alga of Japan. It is an amorphous, uncrystallizable, colorless, non-azotized substance, closely resembling lichenine of the lichens and fucine of the algæ. It is also similar to the pectose of ripe fruits which determines alimentary vegetable jellies. Gelosine is dissolved in boiling water, of which it solidifies about 350 times its volume. To give an idea of this very great suspensive power, 250 grammes of gelosine immobilize 250 litres of water. On cooling, this solution is transformed into a fine, transparent jelly, capable of assuming any shape and varying consistence. Therapeutically, this jelly constitutes a valuable new excipient: salts, acids, powders, and extracts may be dissolved in it and dispensed in any desired form. The price of gelosine is so moderate that it may be used in hospital practice, and, when properly sterilized, it promises to be of use in the researches of microbiologists. As the substance is inalterable, it may be melted indefinitely with very little loss.

The Value of Boric Acid in Various Conditions of the Mouth.

In the *Brit. Med. Jour.*, July, 1886, Dr. A. D. MACGREGOR states that boric acid will be found useful in all conditions of the mouth, fauces, pharynx, and nose, where there is any abrasion of the epithelium, whether it be used as a powder, gargle, mouth-wash, pigment, or confection. In simple catarrhal stomatitis, a mouth-wash, containing from 10 to 15 grains to the fluid ounce, speedily cures the condition; in the ulcerative form, a local application of the powder or pigment should be made in addition to the mouth-wash. The pigment is a solution of boric acid in glycerine (1 in 4 or 5). Nothing is so good in cases of thrush as this remedy, especially when mixed with borax. In cases of fever, when the mouth is dry and lips cracked, a pigment containing 30 grains of boric acid, 20 grains of chlorate of potassium, 5 drachms of lemon juice, and 3 drachms of glycerine, forms a most effectual and soothing application. As a tooth-powder, the author has used it for many years in the following form:—Boric acid, 40 grains; chlorate of potassium, $\frac{1}{2}$ drachm; powdered guaiacum, 20 grains; prepared chalk, 1 drachm; powdered carbonate of magnesia to one ounce, and scented with otto of roses. The author adds that Barff's boroglyceride can replace boric acid in almost all of the forms of administration enumerated by him.

***Hydrastis Canadensis* in Uterine Hæmorrhage.**

Some doubt having arisen as to the propriety and the entire safety of using this drug in cases where it is desirable not to cause contractions of other muscular structures than that of the blood-vessels, in consequence of Fellner's having reported that it caused uterine contractions in some of the lower animals, Professor SCHARTZ has investigated the question ("Berl. klin. Wochschr.," 1886, 19; "St. Petersburg. med. Wochschr.," 1886, 30), and does not find that it produces any such effect in the human subject. He concludes, therefore, that *hydrastis* is especially useful in hæmorrhages due to myomatous growths in cases in which their forced expulsion from the uterus would be likely to be attended with evil conse-

quences; in relaxation (eccentric hypertrophy) of the uterus where, after the removal of its contents, it becomes baggy, thus favoring a renewal of the bleeding; in all cases of hyperæmia of the genital organs in which either ergot does not suffice to cause contraction, or the alternation of contraction and relaxation serves only to increase the hyperæmia; in cases of acute or chronic pyosalpinx, in which it is important to diminish the hyperæmia without provoking contraction of the tubes; and in chronic peritonitis, oöphoritis, etc. It can not be replaced by digitalis, since the latter acts unfavorably on the digestion.

A Contribution to the Knowledge of the Action of Urethan.

Dr. E. BRAUN, being a sufferer from insomnia caused by heart-disease, tried the action of urethan, and contributes his experience of this drug to the *Eira*. The first evening he took a dose of two grammes, hoping confidently to fall asleep in "from ten to thirty-five minutes." In this hope he was disappointed, as, instead of sleeping, he lay in a peculiar sort of trance, conscious of all that went on around him, hearing the striking of the clocks both at the hours and half-hours, and the voices of people in the street. The following evening he again took two grammes at 11 o'clock, and, as the sleep did not follow, he took another gramme in an hour's time; the same peculiar condition occurred. The third evening Dr. Braun took three grammes at a time, but without any other result. He now gave up the experiment, as he was aware that large doses were not considered advisable. About a day or half a day later he suffered from difficulty and pain in passing urine, and found on examination that there were traces of albumen. Some hours later he had fever and a severe headache. The symptoms all vanished after forty-eight hours, with the exception of the difficulty in passing urine, which lasted for several days. Dr. Braun judges, from his own experience, that immunity from after-effects with urethan is not so certain as has been stated.

Nitrate of Potassa and Mercurial Inunctions in Acute Rheumatism.

In *The Russkaia Meditzina*, Dr. GRINEVITZKY advocates the treatment of acute articular rheumatism by the internal use of nitrate of potash (two drachms daily, in solution with raspberry syrup), and by the inunction of mercurial ointment. The author's formula is:

R.—Ol. hyoscyami 3j.
 Ung. hydrarg. cinerei 3ij.
 Ext. aconiti 3j.
 M.—To rub in the joints affected every morning and evening.

Fever gradually abates; the pulse becomes less frequent; articular pain, swelling, and heat decrease. The patient recovers in one or two weeks, according to the severity of the disease and its duration before coming under treatment. When resorted to in the very beginning of the affection, the treatment prevents spreading of the latter to other joints, or, at any rate, mitigates any subsequent symptoms. The author's assertions are based on an experiment of more than twenty years' duration. None of other, old or new, anti-rheumatic remedies can

compete with nitrate of potassa, as the author says. Frictions alone only somewhat mitigate the symptoms, but do not cure the disease, while the salt alone acts well, though recovery then becomes more protracted than where the inunctions are employed simultaneously. In conclusion, Dr. Grinevitzky states that for the sake of comparison, he tried to treat some cases of rheumatism by nitrate, carbonate, and subcarbonate of soda, and by carbonate and subcarbonate of potassa, but did not obtain from them any use whatever.

The Diuretic Influence of Cocaine.

Drs. J. M. DA COSTA and C. B. PENROSE (*Medical News*, June 19, 1886,) have carefully studied the urine in a series of cases in regard to the influence of cocaine on this secretion. They have tabulated the results in the case of eight patients to whom no other drug was given, and in whom the urine had been estimated before the administration of the cocaine. Three of these patients had Bright's disease, and they seem to have proved highly susceptible to the diuretic influence; but inasmuch as the quantity of albumen was not diminished, but rather increased during the treatment, the authors recommend that in cases of chronic renal disease, cocaine should not be administered except as a temporary measure. There is good reason to believe that the amount of solids is increased under this drug, as the specific gravity of the urine remained about the same, and the urine in some of the cases showed a copious deposit of lithates; the quantity of urea does not appear to have been estimated. The authors found that the withdrawal of the drug after it had been administered did not at once diminish the flow of urine, and that in this stage other diuretics appeared to act with unusual readiness. They think that the drug is likely to prove useful in cases of weak heart with dropsy, and in cases of uræmia. They tried the drug in one-grain and half-grain doses, twice and thrice daily, and in half-grain doses, hypodermically.

Permanganate of Potassa in Burns and Frost-bite.

In the *Meditz. Ubozrenië*, No. 8, 1886, Dr. A. A. Züboff writes that, having tried permanganate of potash in forty-four cases of burns and thirteen cases of frost-bite, he arrived at the following conclusions:

1. Permanganate of potash, in the shape of frequently changed compresses (linen or hygroscopic cotton-wool soaked in a solution of one or two grains to an ounce of water) is an effective remedy for frost-bites of the first and second degree.

2. The same lotion acts as successfully in burns of the first degree.

3. It is less successful in burns of the second degree. At all events, the permanganate lotion rapidly relieves inflammation around blisters, and pain, and prevents suppuration when blisters remain intact. In this category of cases, it is advisably to employ a weaker solution (half a grain or even less, to an ounce). Two cases are given in detail. One of the patients received (when taking a vapor-bath) a scald of the first degree, extending from the breasts to the inguinal folds anteriorly, and between the same levels posteriorly. Pains disappeared within an hour after the application of the permanganate lotion. Soon the epidermis began to peel off. She left well in eleven days. Another woman had a sim-

ilar scald of the face and a hand. She also obtained rapid relief, the treatment lasting a week.

Salol.

The *Therapeutic Gazette* (July 15) tell us that "salol" is the name of a new compound prepared by Professor NENCKY, which is said to possess powerful antipyretic and antiseptic properties, and to be capable of replacing advantageously sodium salicylate in cases where that salt is badly tolerated. Salol is a derivative of salicylic acid, in which one atom of hydrogen is replaced by the phenol group. It is described as a white powder, having a faintly aromatic odor, and as it is almost insoluble in water, perfectly tasteless. Professor Nencky states that in the organism salol undergoes a simple splitting up into its two components, without any further modification, both being found in the urine. The decomposition appears to be affected by the pancreas, since the powder brought into contact with comminuted pancreas is at once decomposed. Assuming, therefore, that the decomposition first takes place in the duodenum and not in the stomach, Professor Nencky thus explains how it is that its administration is not followed by disagreeable after-effects. The dose is about the same as that of salicylate of sodium, but as much as 4 grammes (60 grains) may be given daily. The urine, after its administration, becomes very dark, almost black, as after the ingestion of carbolic acid, of which salol contains thirty-eight per cent. No toxic symptoms, however, are produced, probably because the phenol passes through the stomach in combination and is not absorbed. The antiseptic properties of salol are also said to render it useful in the treatment of putrid affections of the mucous membrane.

The Treatment of Paronychia.

Dr. SELLDEN writes in the *Eira* that he has for years made a special study of this subject. The greater number of his patients have been miners, smiths, machine laborers, servants, and others whose fingers are exposed to injury. The disease commences in the subcutaneous tissue, and spreads to the periosteum. There are differences of opinion as to the varieties of this disease, some authors asserting that there are four, others that there are only two—the deep and superficial inflammation. Dr. SELLDEN, after a series of trials, found the following method most efficacious in the treatment of paronychia. When the patient will consent to an incision, the finger, after it has been opened, is instantly plunged in a tumblerful of hot water, which is then allowed to cool till it is nearly lukewarm. Half a teaspoonful of arnica is poured in, and a teaspoonful of the usual 10 per cent. solution of potash is added. This mixture is highly anæsthetic; the finger is held in it for from fifteen to thirty minutes, when the "bad matter" comes out. This expression is very characteristic of the phenomenon. The blood and pus exude in a thin stream about the size of a knitting needle, which forms circles in the alkaline liquid, and finally settles in a thick mass at the bottom of the glass. Fifteen minutes or half an hour after the finger is dried, it is rubbed with vaseline ointment containing 10 per cent. of sulphide of potassium. The finger is then immediately enveloped in a poultice which continues warm till the next finger-bath, and thus hastens the cure. These finger-baths are taken from two to four times daily, and the wound is covered during the earlier days

with sulphur ointment, and later with a boracic ointment. The finger is then bound up with a wadding compress and a bandage. Carbolic acid may be used in the finger-bath, but Dr. SELLDEN gives the preference to arnica, which he finds particularly useful in all sorts of injuries.

The Diuretic Action of Watermelon.

Dr. POPOFF has been experimenting with the inspissated fresh juice, or syrup, of this fruit, and has found that it possesses marked diuretic properties (*London Medical Record*, June 15, 1886). When animals received from fifty to one hundred grammes of the syrup (with food) in twenty-four hours, the daily quantity of urine was three or four times greater than under ordinary conditions; again, on intravenous injection of the syrup, the urine for several minutes flowed in a stream from a canula tied into the ureter. In dogs, the internal administration of five hundred grammes at a time produces no effect, except powerful diuresis. Intravenous injection of one to two grammes of the syrup causes an immediate increase in the secretion of urine, the latter assuming a dark color, and containing sugar. This increase lasts for ten to sixty minutes, and is accompanied only by a slight fleeting decrease of the blood-pressure. On the injection of 0.25 to 0.5 gramme for each kilogramme, a considerable fall of the pressure, and a great acceleration of the pulse, rapidly follows. An intravenous injection of 3.0 grammes per kilogramme produces a further fall of the pressure, and a fleeting increase, with a subsequent sudden enormous decrease in the frequency of the pulse, the animal dying from cardiac paralysis. As some special experiments show, the quickening of the cardiac action is dependent upon the syrup acting on the peripheral ends of the vagi. In all cases, intravenous introduction of the syrup rapidly produced a strong sedative effect, "the animal remaining strikingly quiet, and giving no response to tactile or even pathic irritation." Another group of experiments showed that the diuretic action of melon syrup was dependent mainly upon its direct influence on the renal tissue.

Analgetic Action of Carbolic Acid, etc.

Dr. ROGER M'NEILL (*Edin. Med. Journal*, June, 1886) has recently conducted an investigation into the analgetic action on the skin of carbolic acid and the cresol group. The substances experimented with besides carbolic acid, were benzol and toluol (both without effect upon the skin), toluidine cresol, theerol, pancresol, and orthocresol. He found that although no pain was felt on cutting the skin, the sensation to touch was intact: the least scratch or contact could be felt, but no pain. Three operations were performed, by aid of the experience thus gained, with little or no pain. An epithelioma of the lip was removed, the part having been previously painted with 60 per cent. of carbolic acid in olive oil; a small tumor was removed from the back of a woman's leg, the tumor having been first painted over with 60 per cent. presolene; and the contracted plantar fascia of a boy was divided after 80 per cent. of theerol in olive oil had been applied to the part. Dr. M'Neill draws the following conclusions: (1) That the agents mentioned produce analgesia when applied to the skin. (2) That mixed in certain proportions with glycerine or olive oil they take away the sensation of pain without causing any untoward effect, either locally or constitutionally. (3)

That the strength used must vary according to the thickness of the epithelium, and perhaps the acuteness of the sensation. (4) That certain operations may be performed by their aid painlessly without chloroform. (5) That they are corrosive when applied to the skin unless sufficiently diluted. (6) That glycerine has more power in preventing corrosion by these agents than olive oil, and might probably be administered with benefit in cases of poisoning by carbolic acid or any of the above agents.

Some of the Therapeutic Effects of Caffeine when Hypodermically Administered.

The *Medical Record*, of July 17th, contains the experiments of Dr. JOHN COCHRANE, of Lowell, Mass., on the use of caffeine and its beneficial effects when administered hypodermically with morphine. He had sought a preventive for the depression and wretchedness which sometimes follow the exhibition of morphine, and found caffeine all that could be desired. In several of his patients morphine alone caused a depression amounting almost to collapse. In these same patients caffeine, given with morphine, sustained the nervous system in a remarkable manner without modifying the action of the morphine. The only unpleasant effect of caffeine so used is the thirst induced. He uses it in rheumatism and other diseases where there are signs of cardiac failure. He writes: "I have frequently used this combination in cases of hysteria, of convulsions in infants and children who were teething or suffering from meningeal irritation, etc., with the best results. In acute alcoholic mania, when the heart begins to falter on account of the duration of the insanity and its concomitants, I cannot speak too highly either of its powers to stimulate the heart or of its calmative co-operation with morphia, while maintaining the nervous system, and so preventing dangerous symptoms.

Dr. Cochrane gives about the same dose of caffeine as of morphine, as shown by the following combination :

R—Pulv. Caffeine, et.

Pulv. Morphiæ Sulph.	āā gr. $\frac{1}{2}$
Pulv. Atropiæ Sulph.	gr. $\frac{1}{16}$
Aq. Camp.	℥xx.

Argyria.

In a preliminary note in the *Vratch*, No 26, 1886, Dr. S. KRYSINSKI, of the Dorpat Pharmacological Institution, refers to the observations of Orfila, Fromann, Riemer, Neumann and Weichselbaum, Deitrich, Jacobi, Brande, Mayençon, Bergeret, Cloez, Huyet, Cziz, Rozsahegyi, Rosenstirn, Loew, V. S. Bogoslovsky, Charcot, and Eulenburg, and states that he has examined organs from three cases of argyria in man, and made a series of experiments on rabbits and rats, which have led to the following results :

1. The black granules, which are met in the organs in cases of argyria in man or in animals, are constituted of an organic-compound of silver, the precise composition of which is yet to be determined.

2. The granules are deposited first in the walls of the blood-vessels, and subsequently in the connective tissue.

3. The deposition leads to an alternation and degeneration of the vessels.

4. The granules may be deposited in the epithelial cells as well as in the endothelium, then in the afferent and efferent vessels of the Malpighian bodies of the kidneys, and in the leucocytes of the blood.

5. In the liver, the granules are deposited mainly in the ramuli of the portal vein and central acinar veins, and also in the capillaries between the former and the latter vessels (as Huyet first pointed out).

6. The deposition of silver in the organs takes place not only in chronic but also in acute poisoning by the metal, even if the poisoning have lasted only forty-eight hours. The deposits are here, however, still colorless, and turn black only after treating them with sulphuretted hydrogen.

7. The deposition seems to be most intense in the bone-marrow (in all its cellular elements). The general (rather sweeping) conclusion drawn by Dr. Krynski from all the facts stated above is to the effect that "not only a very prolonged, but even a short treatment by silver is highly dangerous, and, as such, must be absolutely discarded."

The Physiological Action of Menthol.

Dr. GOLDSCHIEDER, at a meeting, on April 9th, of the Physiological Society of Berlin, discussed the action of menthol on the sensory nerves. It was well known that it produced a sensation of cold, which was commonly ascribed to evaporation. On the other hand, the same sensation, when produced in the mouth by solutions containing menthol or peppermint, was explained by a supposed astringent effect. Dr. Goldscheider had come to the conclusion that neither of these explanations was correct. He made his experiments with a solution of menthol in lanolin, which he rubbed into circumscribed regions of the skin. After the rubbing the thermometer showed, in all such places, an increase of temperature to the extent of 2° Cent., notwithstanding the marked sense of cold produced. The hypothesis of evaporation was excluded by the fact that the feeling of cold was no less marked when the part rubbed was covered with a watch-glass, and could, therefore, be only produced by direct stimulation of the nerves of sensation of cold. Again, if of two corresponding places on the forehead, where these nerves are most abundant, one were rubbed with the menthol ointment, and the other not, bodies which previously had caused no particular sensation would be felt as cold on the former spot, but not on the latter. Dr. Goldscheider, observing that while some regions, as the forehead, were especially sensitive to cold, and others, as the elbow and the volar side of the wrist, were so to heat, found that the inunction of these with menthol produced a sensation of warmth, though less striking than that of cold in the former regions; and he called attention to the recent communication of Professor Herzen, on precisely analogous results of pressure on the nerve-trunks in these regions respectively. He therefore concluded that the sensations, in some places of cold, and in other places of heat, produced by menthol, were purely subjective and consequent on the direct stimulation of the special nerves of temperature, those usually cognizant of cold being far more sensitive to its influence than were those adapted to receive impressions of higher temperature.

Hypodermic Injections of Mercurial Salts and Iodide of Potassium for Syphilis.

In the *Med. Press*, August 11th, Dr. GEORGE FOY says that Drs. D. L. Villar and R. S. Florez, as the result of the treatment of many cases of syphilis by hypodermic solutions of bichloride, albuminate and cyanide of mercury, arrive at the following conclusions :

The hypodermic method of treatment has the advantage over the method of inunction, or of mercurial fumigation, of being—1. More convenient of application. 2. More exact in dosage. 3. Less irritating to the mucous surfaces. 4. Less liable to interfere with digestion. 5. More quickly cures. 6. Does not salivate. Of the salts of mercury they consider the most suitable for hypodermic use is the cyanide. The instrument used was Pravaz's.

In cases where iodide of potassium by mouth is not tolerated, producing, as it sometimes does, purging and vomiting, and where enemata are similarly irritating, the authors recommend its hypodermic use. They usually employ 0.30 centigrammes dissolved in one gramme of water, and injected into the dorsal region. In one case only did the iodide produce an abscess (*La Cronica Medica*).

In this country the hypodermic method got a very fair trial after Dr. Lewin, of Berlin (*Med. Times and Gazette*, 1865), suggested the use of corrosive sublimate solution in five milligrammes doses. And the unpleasant effects, abscess and even gangrene resulting from the sublimate solution, were sought to be avoided by Stant's albuminate of mercury solution, which being very liable to decompose was replaced by the double iodide of mercury and sodium solution of Bouilhow, and finally by the injection of calomel suspended in gum. These preparations still proving unsatisfactory, Dr. Cullingworth introduced his glycerine and water solution of the bicyanide of mercury. The danger of free hydrocyanic acid being formed in the system has probably deterred physicians from the use of this salt, which Desmutis, of Bordeaux, considers superior to all other salts of mercury for syphilis.

Overdose of Hydrobromate of Hyoscin.

Dr. S. G. WEBBER thus writes in the *Boston Med. Jour.*: Immediately after breakfast, Miss — took a teaspoonful of a solution of hydrobromate of hyoscin by mistake for a diuretic. The formula of the preparation was—

R.—Hydrobromate Hyoscin gr. ss.
 Alcohol ʒ iss.
 Aq. q. s. ut ft. ʒ x.

Thus each ten minims contained a hundred and twentieth of a grain. The teaspoon, being measured, was found to contain one hundred minims, so that the amount taken was about one-twelfth of a grain.

Finding she had taken the wrong medicine, she immediately took a teaspoonful from the right bottle, one containing acetate of potassa. About an hour later it was noticed that her face was flushed, and on being questioned, she told what she had done. I was sent for. I found her with face much flushed, pulse 120, and very weak; she complained of feeling strange in her head and dizzy,

said her hands and feet felt cold, but the hands seemed warm; later she spoke of numbness in hands and feet, and the sound of our voices seemed distant and muffled.

She was given two drachms of wine of ipecac, and within ten minutes mustard and water. Emesis was assisted by draughts of warm water. Whether owing to the food in the stomach or the action of the drug, it was difficult to empty the stomach, and a large quantity of mustard and water was given before all the breakfast was ejected.

About half an hour after the treatment was commenced, her hands and feet felt much more numb, she was very sleepy, it was difficult to keep her awake. The pulse was still rapid and weak. A fifteenth of a grain of morphia was given subcutaneously, and the pulse soon was reduced to 108. In about twenty minutes another fifteenth brought the pulse to 84. The sleepiness continued all day, and there was a distaste for food. The night was quiet, she slept soundly, and the next day simply had a headache.

Clinical Observations Regarding the Value of Resorcin, Ichthyol, and Lanolin in Cutaneous Diseases.

Before the American Dermatological Association, Dr. H. W. STELWAGON, of Philadelphia, presented some notes on this subject.

Resorcin, in eczema, is rarely of benefit, but possesses some power over the itching. For this purpose a five per cent. ointment is useful. In greater strength it is irritating. In tinea sycosis it has proven of some value in ten or twenty per cent. strength. In tinea tonsurans it is inferior to the remedies usually employed. In one case of leg ulcer, healing took place under its use. In a second case, no effect was produced. In seborrhœa and alopecia dependent upon this disease, a lotion consisting of a drachm of resorcin, one or two drachms of castor-oil, five minims of Peruvian balsam, and four ounces of alcohol, was of value. In tinea versicolor, it was found less useful than a solution of hypophosphite of sodium. In psoriasis and in one case of lupus erythematosus, the result was negative. In one case of superficial epithelioma, a fifty per cent. ointment produced a good result, in a second case a fair result, and in a third the result was negative. In a case of favus, a twenty-five per cent. ointment, used for two months, produced no decided effect.

Ichthyol.—In a small proportion of cases of rosacea and acne vulgaris, a ten to twenty per cent. preparation usually was found beneficial. In eczema it was valueless and irritating. In furunculus it acted with good results in three cases, when applied as a twenty per cent. plaster. In the fourth case it had no effect.

It was of service in psoriasis, and also in a case of lupus erythematosus. In favus it was used without effect.

Lanolin.—In some cases, as an ointment base, this is superior to the ordinary fats in use. Where a simple protective action is desired, it is inferior to vaseline, cold cream, or lard. In chronic cases, where there is infiltration and a degree of penetration is desired, lanolin is especially valuable. The writer stated that, according to Liebreich, a lanolinum purissimum is now manufactured, in which the cholesterin ethers are absent. The main disadvantage of lanolin, as now manufactured from sheep's wool, is the strong sheepy odor. In a few acute and sub-

acute cases of ezema, lanolin, for some reason, proved irritating. As a rule, however, it is bland and unirritating.

Aconitine in Neuralgia.

The characteristic physiological properties of aconitine recommend this remedy in the treatment of painful affections, especially of the different kinds of neuralgia. (Gubler, Franceschini, Laborde, Seguin, of New York, De Molines, A. Dumas, of Cette.) Dr. A. DUMAS, surgeon to the Hospital of Cette, in his recently published book, *De l'Aconitine, de son Emploi dans les Névralgies faciales et le Tic Douloureux, sa Posologie*, gives the following indications for the use of this medicine: "Aconitine is an energetic, very efficacious remedy, especially in congestive facial neuralgia, and in some other kinds of neuralgia *a frigore*. It is useful in catarrhal affections in general. Like other alkaloids, there is a certain degree of tolerance of it, when methodically administered, and no effects of accumulation in the organism are to be apprehended. It is better to give it in very divided doses, and at carefully calculated intervals. One ought to begin with small doses, which are progressively increased." Aconitine is useful not only in neuralgia, but will also prove of eminent service in other painful affections, such as cephalalgia, megrim, pleurodynia; likewise in articular rheumatism and acute arthritis. It has been given with the most encouraging results in many cases of these diseases. Aconitine is a very precise remedy, which acts in man in a certain and regular manner; but for its energetic action, it has to be prescribed in small and well-distanced doses. Moreover, one ought to be sure of its source, and, when using its preparations, only employ them in carefully proportioned doses and always of the same kind, *e.g.* Mousette's pills. In that manner will be obviated serious disappointments, resulting from alkaloids of different matters, which were denounced by Dr. Désnos at the meeting of the Société Médicale des Hôpitaux de Paris on Oct. 22, 1880. Neuralgiæ are frequently accompanied by very marked intermittent and periodical complications, in order to combat which Dr. Mousette has compounded very exactly dosed pills, each containing one-fifth of a milligramme (one-twelfth of a grain) of aconitine and of quinine, the action of which is specific in this kind of complications. At the commencement, the susceptibility of the patient ought to be tested, and on the first day three pills (in the morning, at noon, and at bed-time) should be given. If, on the first day, no marked relief be observed, the daily dose may be gradually increased by one pill, to six within twenty-four hours; this dose has to be continued until complete cessation of the pains. Only in very exceptional cases a larger dose may be prescribed. In case of incidental slight attacks of diarrhœa, the daily dose has at once to be diminished.

Sublimate Injections in Gonorrhœal Cystitis.

The history of an obstinate case of gleet and cystitis is given in *El Dictamen* by Señor GARCIA ANDRADAS, which, after being treated unsuccessfully by means of injections of nitrate of silver, yielded very quickly to injections of corrosive sublimate. The patient, who was a river fisherman, contracted gonorrhœa, which was treated for a month with balsams and astringent injections. The discharge then become serous, and exquisitely painful vesical tenesmus supervened, the

calls to urinate being so frequent as to give the man no rest. An attempt to pass an instrument occasioned the greatest agony when it came in contact with the prostatic portion of the urethra. The diagnosis made was that of acute prostatitis consequent on gonorrhœa, and so the local application of a sublimate solution appeared to be the most rational treatment, as it had in the author's hands proved very beneficial in cases of subacute cystitis due to the same cause; but it was thought well to try first Guyon's treatment. With great difficulty, owing to the extreme sensitiveness of the urethra, an elastic catheter was passed to the prostatic portion, and ten grammes of a one-per-cent. solution of nitrate of silver injected. A few minutes afterwards urine was passed with great pain, so a warm bath and an opiate were ordered, which gave only temporary relief, the opium having to be repeated at night. The next day the patient's condition was the same as it had been before the injection. Three or four days afterwards a similar injection was given, with no better result. Four days later, as there was no improvement, the use of sublimate injections was commenced. The catheter was passed as far as the prostate, and forty-five grammes of a two-mille solution of sublimate in warm water were injected. This the patient was compelled to retain for three minutes; the subsequent micturition was very painful, but at night he was able to rest, and retained his urine for three hours. The next day the urine was less turbid, and it was voided less frequently. His condition continued to improve for three days, when a second sublimate injection was given of double the quantity of solution. This occasioned some pain, but it quickly passed off, and the patient was able to rest. In four days' time he requested to be discharged, as his urine was clear and he had no pain on micturition. Thus, the author remarks, two injections sufficed to cure completely an affection usually most obnoxious to treatment of an ordinary kind. The superiority of sublimate injections has shown itself in several cases of a somewhat analogous character in which he has employed it. These he proposes to publish and discuss on some future occasion.

Therapeutics of Jaborandi in Œdema of the Glottis.

Dr. V. M. REICHARD, of Fairplay, Md., thus writes in the *College and Clinical Record* for August :

Œdema of the glottis is so distressing and at times so dangerous a disease, and the purely medicinal treatment as given in the text-books is so meagre, as to justify the recording of the action of any drug which seems to affect the disorder favorably. True, we have, as a surgical resource, Buck's knife, but very few men in general practice would care to attempt to scarify, especially if the obstruction could not be seen or easily felt. In jaborandi I believe we have a remedy of decided usefulness. The only reference I have seen to it is by Bartholow (*Prac. of Med.*, 2d edition, p. 429). Following his suggestions, I have used it with gratifying results. The first case was one of œdema glottidis following an attack of general eczema. A full dose of Epsom salts was given, resulting in almost immediate vomiting, and several hours later free catharsis. In a few minutes after giving the salt, $\text{m} \times \text{l}$ of the fluid extract of jaborandi were given hypodermically. In less than thirty minutes salivation occurred, followed by relief from the distressing dyspnœa, and next day the patient was about his regular work.

Encouraged by this one case, I determined to give the drug a thorough trial. A recent epidemic of mumps enabled me to do so. There were three cases of this disease, with œdema of the glottis as either a complication or a sequel. In all jaborandi gave speedy and entire relief. All the members of one family, seven in number, were successively attacked with mumps, and as the two first were seized with decided dyspnœa, and suffered very much before being relieved, I gave the drug to all the remaining members as a preventive. As soon as there was beginning pain and fulness at the angle of the jaw, they were given ʒj of fluid extract of jaborandi (repeated in half an hour, if necessary), with the result of aborting the mumps. If the dysphagia be not great, I would prefer giving the drug per orem. It may be given, however, hypodermically.

I have found in giving jaborandi in this disease, as well as in tonsillitis and acute general bronchitis, that it is best to give the patient a hot foot-bath, and let him take freely some hot drink. Any kind of tea will do, as it is the internal heat which we need. In fact, hot water will do very well. It would be a good plan to let the patient take the dose of the drug in a cup of hot water, thus improvising a tea. This I find does very nicely, though patients sometimes object to enlarging the dose of a disagreeable medicine. In weak and delicate persons, hot whiskey toddy may be used. I give at a dose a drachm of the fluid extract in the manner described, and if free salivation and diaphoresis do not occur in half an hour, I give a second dose. I have never yet had to give more than the second. As salivation occurs first as a rule, and is what we most wish to produce in this disease, it is frequently not necessary to give more than a single dose.

These four cases, although they may not prove the drug absolutely certain in all cases, yet show by the uniform success that it is a remedy of decided utility in this disease.

The Cutaneous Absorption of Oils.

Recent clinical experience with lanolin has shown that this oil is readily susceptible of cutaneous absorption, and that on this account it is more valuable for external use and for purposes of massage than are the less diffusive organic oils, or than petrolatum, which is practically unabsorbed. EWER, in the *Berliner Medicinische Wochenschrift*, for July 8, 1886, points out a further advantage possessed by lanolin over similar bodies, namely, that after thorough inunction in massage the remaining lanolin may be thoroughly removed by wiping with a dry cloth. When other fatty bodies have been thus employed subsequent washing with water, and even warm water and soap, becomes necessary, a procedure often disadvantageous, especially in rheumatic joint affections.

No thoroughly scientific study of the extent to which the neutral fats may be absorbed by the healthy skin has been made, but abundant clinical evidence exists that such absorption takes place, and that it, together with the benefits derived from the act of inunction, exerts a stimulating influence upon the general processes of nutrition.

One of the earliest modern studies in this subject, but one now rarely cited, is that by Sir JAMES Y. SIMPSON, in the *Edinburgh Monthly Journal of Medical Sciences*, for October, 1853. He collected and recorded considerable information from physicians practising in the neighborhood of woollen factories, which

tended to show that those employed in the more oily processes of woolen manufacture possess a noteworthy immunity from tubercular and scrofulous disorders, and also that they were largely exempt from epidemics of scarlatina, measles, and cholera. He relates a case in which a patient by the external application of oil, and with no other change in his food or treatment, gained twenty-four pounds in forty-two days, and another case of a child who gained an ounce daily throughout eight weeks of similar treatment. Simpson maintained that the absorbing power of the skin increased by practice, and that the major part of a wineglassful of warm oil could, with care, be daily rubbed into and absorbed by the skin.

In 1858, Dr. J. B. THOMPSON, who was, during seventeen years, surgeon to various woolen factories, emphatically corroborated, in the same journal, Simpson's thesis. He reports that in Glasgow and Aberdeen the contrast between cotton and wool workers is attested in favor of the latter, by the factory inspectors and consulting surgeons; and that in Yorkshire the better classes frequently send the delicate members of their families to the woolen mills for the benefit of their health. Of 100 young persons of from 13 to 18 years of age thus employed, and under Dr. Thompson's observation, there occurred, in the course of three months, an average individual gain of $5\frac{3}{4}$ pounds. Of these, a *selected* eight exhibited an average increase of 17 pounds each within the time named. None of those under observation lost weight, and one, a phthisical patient, gained 2 pounds.

Sufficient has been said to show that inunction we possess a means of stimulating nutrition which might with advantage be more frequently used than it is at present.

Chloride of Sodium in Bright's Disease.

Dr. ALLARD MEMMINGER, of Charleston, S. C., highly lauds this use of the drug in the *New York Med. Jour.*, July 31. He has tried it, so far, in only four cases, but his observations are of value, because it alone was used, to the exclusion of all other drugs. At first he orders ten-grain doses of the chloride, contained in gelatine capsules, three times a day, and, if the state of the case allows, by preference one hour after or before meals. He generally reverses each day the order of giving; thus, if one day the capsules are given before meals, the next they are prescribed after. If the patient complains of no nausea, he allows him to go about; but at the slightest intimation of a sick stomach, he orders him immediately to assume the recumbent posture, and there remain for an hour or so, after which this temporary ill-feeling always subsides. The second day of treatment he increases the dose to two capsules three times a day, and every other day he increases by one capsule until the patient is taking five capsules three times a day. About this time the good effects of the treatment will be apparent, not only from the improved subjective and objective symptoms of the patient, but from the improved condition of his urine. Albumen will, of course, at this period still be found in abundance—that is, if the case is at all a grave one; even here, however, if a gravimetric examination be instituted, a decided improvement, not so much in the absolute as in the relative decrease in albumen, is noted.

At this juncture he orders the chloride to be diminished in quantity, and he has so far found that after the system has thus been brought fully under its influence, it requires but two capsules, three times a day, to keep up the desired effect. If

at this stage of the case there is any decided nausea or disinclination to take the medicine, he stops the treatment, and in the interval gives one or two alterative pills, after which he proceeds again to a resumption of the chloride. Should albumen again increase in the urine, urea and chlorides diminishing, he immediately resorts to large doses, thus bringing the patient once more under the influence of the chloride, after which it is again reduced.

The effects of this treatment are most marked. Headache, œdema, low spirits, general weakness, and anæmia, give way to just a reverse order of things, and the patient, who a few days before was most gloomy and desponding, is now full of life and hope.

Thus has it appeared to him in each of his four cases, and, if he has been led to express views that to many appear extreme, it is because his convictions are based upon clinical observations which, up to this time, he has never had the pleasure of recording with any other form of treatment. He would, therefore, urge a thorough trial of this therapeutical agent by the profession, on the following grounds:

1. It is harmless if properly administered.
2. Its effects are comparatively uniform, provided it is given for a sufficient time. That he has so far used it only in chronic cases of no long standing does not, in his opinion, militate against its beneficial effects; for, even should it not be found a cure for Bright's disease, may it not become an important article in our medical armamentarium—indeed, if only an ameliorator of man's sufferings and a prolonger of his life?
3. It may be employed as an adjunct to all recognized methods of treatment, without detriment to the patient.

A Few Remarks upon Therapeutics.

Dr. JOHN HARRIS JONES thus writes in the *N. Y. Med. Jour.*: The science of therapeutics has made considerable progress in recent years, but it is doubtful if it has kept pace with other branches of medical learning. Much of our knowledge of drugs is empirical; but this does not make them any more ineffectual in disease, and theories of their action in the organism are constantly changing, yet, withal, we may safely say that the therapeutics of to-day is greatly in advance of that of a few decades ago, and no one will deny that the subject is daily assuming a more scientific aspect. New remedies are constantly being thrown before us. Some of them are worthy of our consideration, and a few are what they are represented to be, but the majority have, owing to the exaggerated and oftentimes erroneous views held by their introducers, a very transient existence. Perhaps it would be just as well for us if, instead of being so fond of roaming through pastures new, we endeavored to form a closer intimacy with those drugs which have received a resting-place in our already plethoric pharmacopœias and to widen their range of application in disease. With this end in view, I venture to submit to your readers the following additional uses of old-time remedies, trusting that they will be as effectual in their hands for the diseases mentioned as they have been in mine:

I. *The inhalation of ether in non-expansion of lung*, due to adhesions of pleural surfaces, occurring after pleurisy with purulent effusion, in apneumotosis of children, and asphyxia neonatorum.

After absorption or artificial evacuation, we frequently find that a long-continued effusion in the pleural sac is followed by destructive changes in the corresponding lung. Many remedies have been tried with the object of expanding the air vesicles and preventing the occurrence of carnification, but with unfavorable results. I suppose the most effectual treatment has been that of breathing compressed or rarified air. But by far the best method, in my experience, is inhalation of ether. I remember when I first had occasion to use it the area of resonance was increased over two inches, and was maintained after the effect of the anæsthetic had vanished. I have used it since on three other patients with very flattering results, and can confidently recommend it to the profession as the best means of dilating the air-vesicles and restoring the lung to its natural state. If the adhesions have not been of too long standing, and are not very dense in structure, they will certainly yield; and, once overcome, will be permanently obliterated. A careful mapping out of the area of dullness should be made prior to administering the anæsthetic; and, if it is found that it is not appreciably diminished after two or three administrations, it will be an indication that re-expansion is hopeless. Often, however, one administration will suffice. It is undesirable to push the anæsthetic to complete narcosis. It should be discontinued after the stage of excitement has been reached. I was induced to resort to ether in preference to chloroform, not only because it was safer, but for the reason that I regarded the former a direct *irritant to the respiratory centre*, as witness the convulsive efforts at respiration while a person is under its effects.

Its inhalation is sometimes serviceable in the capillary bronchitis of children, when we suspect that one or more of the smaller bronchi have become impervious. It is true that counter-irritation to the affected area and emetics are frequently successful in overcoming the obstruction; but, when asphyxia seems to be progressive and is accompanied by asthenia, emetics are too depressing, and their action can not be relied upon. I have found the employment of ether quite safe in these cases. Under its use the heart's contractions are strengthened, and a violent anti-respiratory (forced expiratory) action is set up, which frequently is sufficiently powerful to dislodge the offending secretion.

I can also recommend the use of ether in the asphyxia of newly-born infants. It will sometimes succeed when artificial respiration fails. A few drops may be placed upon a piece of absorbent cotton and held to the nostrils. A better method is, after the nares have been cleansed of mucus, etc., to insinuate into either nostril a camel's-hair brush previously dipped in ether, and, by titillating its mucous membrane, we, in addition, summon to our assistance the benefit of reflex action.

II. *Bichloride of mercury and tincture of belladonna in membranous croup.*

I have for some years been in the habit of treating this disease with a combination of corrosive sublimate and belladonna. These drugs are recommended for this complaint in almost every work on therapeutics; but I am not aware that they have ever been given conjointly. I have found that small doses of the bichloride (one-fiftieth of a grain), administered in conjunction with tincture of belladonna (two to five minims), every half-hour, for a child two years old, is a very successful method of dealing with this dangerous disease of childhood. The secret of its success is in its persistent administration, even when the symptoms

are apparently most unfavorable. I have several times witnessed a happy termination to the disease when other practitioners with whom I was associated entertained scarcely a hope of recovery. It was advisable to commence the treatment by administering an emetic, so as to dislodge the already-formed membrane. Probably much of the benefit derived from this mixed treatment is due to belladonna, and it is astonishing what large doses of this drug children can tolerate. During the progress of the disease the strength must be maintained by a liberally nutritious diet and stimulants, for I must say that, when recovery takes place, the patient is left very anæmic and weak. This is not very apparent while the medicine is being given, as every evidence of it is partially masked by the physiological effects of the belladonna.

III. *Belladonna in sterility of females.*

There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who never were pregnant, as to the cause of their barrenness. Apparently, they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that, after taking the medicine for some weeks, they became pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitalia become more relaxed, and the os and cervix uteri somewhat softened and pliable, during the treatment.

Gymnocladus Canadensis: The Kentucky Coffee Bean.

This has been the subject of a research by DR. BARTHOLOW in the Laboratory of Experimental Therapeutics of the Jefferson Medical College. A preliminary report is now made in the *Am. Jour. Med. Sciences*.

It has been known that the coffee bean possessed a certain toxic activity. Flies have been observed to be stupefied by it. As it belongs to the same natural order as physostigma—Calabar bean—it would be supposed, *a priori*, to have analogous powers. Experiment confirms this view. The experiments were made with a concentrated aqueous extract, furnished by Prof. J. M. Lloyd, of Cincinnati.

Gymnocladus was found to affect sensibility, and afterward motility. The area of distribution of the fifth nerve appears to be the last part of the sensory nervous system to retain its irritability. In ten minutes after injecting, subcutaneously, ten minims of the extract in frogs, there was complete sensory paralysis, so that no strength of irritation caused muscular movements. Spontaneous movements ensued, however, and when the skin of the face, or of the eyes, was touched, the lids closed. Vision was chiefly concerned in this response. When the effects attained the maximum, there was universal anæsthesia, and the cerebrum began to be stupefied. With the first impression, vision was rather keen, and the attention lively, but as the effects deepened a soporose state came on.

Then the cornea became anæsthetized, so that on irritating it no movements of the eyelids took place, unless the attention was roused enough to direct the vision to the approach of objects.

As regards the motor nervous system, the first effect is a spastic condition of the voluntary muscles, generally—the whole body passing into a state of continuous rigidity, followed by paresis beginning in the hind extremities. The motor nerves do not lose their irritability, nor do the muscles fail to contract on indirect and direct stimulation. When the full effects of gymnocladus are produced, and the sciatic nerve stimulated by the faradic current, the calf muscles are thrown into active contractions, and the muscles directly irritated respond energetically. The effects are therefore central and not peripheral. The spastic condition of the voluntary muscles does not entirely cease, and the paralysis throughout wears an aspect of rigidity.

Gymnocladus slows the heart by stimulating the vagus, thus increasing inhibition; afterward with the toxic action reduces its force by an impression, probably, on the cardiac motor ganglia. The number of pulsations of the heart in frogs is reduced one-half. Some lowering of the arterial tension was also noted after the considerable rise first caused by the action of the agent.

From the above experimental data, it is obvious that gymnocladus promises rich returns to the clinical experience of the future.

Professor Gautier on New Leucomaines.

The interesting researches carried out during some years by the distinguished chemist of the Collège de France resulted in the discovery of a group of bodies resembling vegetable alkaloids, or rather the alkaloids which had been found by himself and others, to which the term ptomaines, or cadaveric alkaloids, is now applied. But the importance of his discovery lies in the fact that these bodies, to which he gave the name Leucomaines, are found in healthy living matter, and there is every reason to believe were produced by the chemical change of assimilation and disassimilation. Whether this is the exact truth can only be proved by the results of future observers; but the physiologist is often rather shy of accepting the results of the chemist, armed as the latter is with powerful agents of chemical destruction, and it is often urged that he has himself produced the bodies he has found. Putting this question on one side, the importance of the new views to the subject of medicine can easily be seen. The living being is constantly manufacturing in his own tissues agents which can produce disease or death. We have not the same necessity to search for the ever-present etiological factors of cold and damp, or too hastily summon the microbes to explain our diseases. This discovery was, as might be imagined, seized with delight by the anti-microbists; they had scientific evidence on which to found their opinions, and it must be said that they have in no way neglected to push the theory to its logical consequences. Ever since Professor GAUTIER's first paper at the Academy of Medicine, about two months ago, the subject for discussion has been the same—the leucomaines *v.* the microbes; and lately a fresh support has been given to the anti-microbists by the announcement from the Professor of two new leucomaines, the poisonous properties of which are undoubted. The first body is called "adenine." It was discovered by M. Kossel of Berlin in the pancreas and

spleen, and was described in Hoppe Seyler's *Zeitschrift* of March 11th. It appears to exist in all animal and vegetable cells, and can be extracted from them by neutral reagents; and, further, it appears that it is derived in the cell from the nuclein—a body already known—since under the influence of water and heat the nuclein produces adenine, phosphoric acid, and albumen. Adenine itself can be wholly transformed into hypoxanthine or sarcine—thus showing its near relation to the bodies we vaguely call nitrogenous metabolites; but a more interesting relation is hydrocyanic acid. The formula of prussic acid is HCN ; the formula of adenine is $\text{H}_5\text{C}_4\text{N}_6$, and cyanide of potassium can be produced from it. The second body was isolated by M. Morelle from the spleen. This organ was chosen by the advice of Professor Gautier, because of its undoubted purifying action on the blood, being the place where alkaloidal and similar noxious products of metabolism are retained. The physiological properties of this leucomaine were tested, and it was found to be a paralyso-motor, with a powerful action on the medulla oblongata. A small quantity injected under the skin of a guinea-pig appeared at first to produce nothing abnormal, with the exception of immobility, a refusal of food, and some swelling near the point of injection for the first forty hours, but by degrees the depression and suffocation increased, and the animal died asphyxiated. At the necropsy were found congestion of the lungs with subpleural ecchymoses, general œdematous infiltration of the liver, spleen, and kidneys, and a certain hardness of the ventricles, appearing to indicate the arrest of the heart in systole.

The Present Position of Therapeutics.

The *Med. Press* publishes the following abstract of a paper by Dr. LEWIS GIBSON HUNT: After a brief historical retrospect, the author proceeded to show that, although medicine was a progressive art, the progress had not been that of *gradual development*. He illustrated this by the small influence each system of medicine had upon its successor. He then went on to show that, although medicine in modern times was subjected to scientific research, which had raised it from the level of superstition, yet it was to a great extent a speculative science, and could not claim the merit of exactness. The amount of ignorance among the public concerning medicines and their mode of action is, in a great measure, due to the relations that exist between them and the medical profession. The tastes of the people too often become the guide in the administration of medicines. In the system of medicine just gone by, the public thought that health could only be maintained, and disease warded off, by periodical depletions, hence bleeding and depressants became the order of the day. Now the public will no longer submit to the lowering treatment, and all the energies of the chemist are taxed to produce strengthening remedies.

He further showed that too often certain remedies became associated with certain diseases; he condemned the practice of prescribing medicine with the idea of obtaining uniform *results*, and cited several well-known drugs to support his argument. The frequent want of uniformity in the action of drugs, is due to the want of uniformity existing in the different constitutions in which the drug is called to act.

He considered that the method of eliciting facts by experiments on healthy

animals, and then applying these facts to morbid conditions in man, had signally failed to produce uniform results. Some of the drugs whose physiological actions are best known by their action on the lower animals are the least to be relied on, while, on the other hand, some of our best known and most valuable remedies could never have been introduced into practice through experimental research, which was illustrated by the action of certain drugs both in health and in disease. Medicines have no curative power over disease, but are merely useful as a means by which we may combat certain unpleasant symptoms that may arise in its progress. Their use is reduced to the treatment of symptoms, and they are the entire remedial agents of the quacks, and very often come out most prominently in the hands of the specialists. Who ever heard of any of the specific fevers of pneumonia being cured by a drug, much less any of the constitutional disorders, such as cancer or tubercle? It is not a greater supply of medicine that we want, but a better knowledge of the drugs we use.

Proper food, good air, and due recognition of climatic influences, are the most powerful aids we possess in the treatment of disease. The assistance medicine has received in modern times from surgery, and how closely the steps of the surgeon are creeping on the domain of the physician, are patent to all. The antiseptic treatment in surgery had also been felt in medicine, and the physician now-a-days felt that surgery was the handmaid of his art. He believed that the time will come when the treatment of consumption will be within the province of the surgeon, and as the abdominal cavity has been opened up and cleansed, so would the thoracic cavity be explored and cleansed of its septic matter.

Certain remedies of recent date have proved of considerable value, to wit: Cascara Sagrada, Terebene, Ingluvin, and Cocaine. To his mind, however, the great majority of drugs are so uncertain and delusive in their action, that his confidence is limited to those few whose action to some reasonable extent corresponds with the part they are said to play in the treatment of disease. A knowledge of pathology and morbid anatomy are the best means by which we can understand the nature and action of drugs, such being the only true foundation on which the therapeutic art should rest.

Dr. Hunt summed up his remarks by saying that the practice of medicine of to-day places too much reliance on medicine, and not enough on personal advice. The public should be taught to value professional advice as of far greater moment than their bottles of medicine, and in this way the dignity of the profession would be enhanced.

Peach-root Tea in Epilepsy.

Dr. J. L. DORSET thus writes in the *Med. Age*, April 10: I notice in the *Medical Age* of the 10th ult., that Gross, Bartholow, and Brown-Sequard, all recommend the bromides in the treatment of epilepsy.

I wish briefly to call the attention of physicians to a remedy for this disease, that is cheap, efficient and simple, and one which I prefer to any of the bromides. Dr. Bartholow states, in his clinical lecture on the subject, that "when you have a case where the patient tells you that the attacks occur exclusively at night, then you will know that you have the very worst type of case to try to influence by treatment." I will herein report just such a case, to illustrate the remedial

virtues and value of this remedy. I refer to what is called here, in domestic practice, peach-root-tea, which is an infusion of the bark of the root of the peach tree. It may be thus formulated :

R.—Cort. rad. persicæ vulg ʒj.
 Aquæ bullientis ʒj.
 Macera per horas 24, in vaso leviter clauso, et cola.
 S.—About one ounce to be taken three or four times a day.

Enough alcohol may be added in warm weather to keep it from spoiling.

CASE: MRS. R., the mother of four children, had been suffering for more than twenty years from epilepsy, in such frequent and violent attacks that serious impairment of her mind was apprehended. She had been treated by many physicians, both city and country doctors, with no permanent benefit, when I prescribed for her, about three years since, peach-root—"only this and nothing more." She told me, only a few days since, that this remedy had done her more good than all the doctors combined under whose treatment she had placed herself, and that she had been free from an attack, since she began to take the tea, as long as nine months at a time, and even then it was ascribed to imprudence in eating at night, whereas before she had had as many as four or five attacks in a month. Her appetite, digestion, and general health, have greatly improved. She wants to eat even fried cabbage for breakfast and boiled cabbage for dinner, to use her own language, and does so with impunity. She still continues to take, three times a day, this valuable sedative and tonic, both as a curative and prophylactic. When I was a medical student, that distinguished professor, Dr. J. K. Mitchell, told me to have "no hobbies," but I must differ with the learned and talented doctor. The very best way to learn all about the qualities of a horse is to use him constantly; and the best way to learn all about a medicine is to use it perseveringly, and watch closely its effects under varying circumstances and conditions, and then report the results.

Being on one occasion in the office of one of Virginia's most distinguished physicians and surgeons, J. P. Mettauer, M. D., LL.D., and having a running discussion with him (somewhat after the order of the *calamo corrente*) on medical topics, I asked him what he gave for epilepsy. He replied, "horse crusts." In my ignorance I asked him what that was, when he informed me that they were the round, naked growths on the legs of the horse. He told me afterwards, however, that the most successful remedy that he had employed was issues in the deltoid muscles. I notice that Drs. Bourneville and P. Bircon, after considerable experimentation with it, report unfavorably as touching the employment of curare in the treatment of epilepsy. Scutellaria has been used successfully in this disease. Prof. Bartholow alludes, in the same lecture, to "unilateral sweating." I know an old physician whose left temple was invariably suffused with perspiration whenever he ate red pepper. He said to me on one occasion, that he could always tell when his food was seasoned with red pepper, even when he could not taste it, by the sweating that would occur in that locality.

I read, in the same number of the *Age*, a short article on the employment of manaca in rheumatism. I received a sample of the fluid extract of manaca from the very reliable firm of Parke, Davis & Co. (who have become celebrated for the

purity of their medicinal preparations), and gave it to a patient who had long suffered from chronic rheumatism in a very aggravated form, with swelled joints, in which it acted like a charm. My patient was delighted with it, and so was I, believing that I had found a medicine that was probably a specific for a disease that is generally so hard to eradicate from the system. I was so encouraged by this experiment with it, that I went to the drug store of Purcell, Ladd & Co., Richmond, Va., and bought a bottle of it containing about six ounces, and gave it to her; but when I saw her again, she informed me, greatly to my disappointment, that it did her no good whatever. Not until then did I learn, upon an examination of the label on the bottle, that it was not manufactured by P. D. & Co., and I was persuaded that that accounted for its inertness. Every dose of the first did her good, while no dose of the second did any good.

Moral: Always use pure medicines of normal strength, if you can possibly procure them, and give them a *fair trial* before you condemn them.

I wish that every well educated and intelligent physician, who is a close and accurate observer, would have at least one "hobby," and ride it on all suitable occasions, and then publish all the facts observed, that would contribute to our edification. Broussais says: "Medicine is enriched by facts only." Hippocrates, the celebrated physician of Cos, who lived more than two thousand years ago, seems to have been of the same opinion, and so is the present writer.

The Salicylic Treatment of Glycosuria.

Dr. J. SINCLAIR HOLDEN thus writes in the *Brit. Med. Jour.*, May 1st: A fresh impulse has been received with regard to the treatment of glycosuria, or diabetes, from the recent valuable researches of Professor Latham on the pathological connection between diabetes and rheumatism. Dr. Latham considers that there are two distinct kinds of diabetes. First, there is that which arises from a neurotic disturbance of the function of the liver; this has the effect of arresting the metabolism of the glucose, and allowing it to pass unchanged into the general circulation and appear in the urine. Second, that which arises from a neurotic disturbance of the function of muscle; this allows glucose to form in that tissue, and to pass unchanged into the general circulation and appear in the urine. He has also shown that this second kind of diabetes is intimately connected with rheumatism; so intimately, that a degree more or less of oxidation determines whether the muscular tissue generates an abnormal amount of lactic acid or of glucose in the system. Moreover, he was shown that when salicylic acid is administered, it has the property of arresting the formation of both lactic acid and glucose, by means of a chemical combination which it forms with the antecedents of these products.

These very important views of Dr. Latham, I think, are corroborated by the following cases of glycosuria which I have met occurring in rheumatic persons.

Case 1.—Mrs. C., aged 61, was crippled with rheumatic arthritis. In May, 1879, while attending her for eczema of both legs, I found that she was also suffering from diabetes, which, from her account, must have been going on for two years. Her urine had a specific gravity of 1055, was loaded with sugar, and measured nine pints daily. For six months, I treated her in the usual way—restricted diet and codeia—but never got the specific gravity of the urine lower

than 1047, nor the daily quantity much below nine pints. As she had some acute pains in her joints, I then left off treating the diabetes, and gave her salicylic acid, in doses of twenty grains thrice daily for three days, and then in ten grain doses. At the end of a fortnight, not only were the joint-pains relieved, but I found that the specific gravity of the urine was 1035, with less sugar, and she was passing only five pints daily. I continued the salicylic treatment, and only restricted from her diet sugar and potatoes. On December 13th, 1879, the urine was quite free from sugar, of specific gravity 1020, and normal in quantity.

This improvement continued for two and a half years, when there was a return of the same condition of glycosuria; a month's treatment with the salicylic acid completely arrested the attack, and there has been no symptom of it since. At the present day she is in good health, except for the rheumatic arthritis.

Case II.—Mrs. F., aged 56, of a very rheumatic family, suffered from rheumatic pains. For the last four years, she had been under medical treatment for diabetes. From being a strong robust woman, she had become helplessly weak. She consulted me in May, 1880. She was then passing daily from nine to twelve pints of saccharine urine, of specific gravity 1040, and suffered intensely from pruritus vulvæ. I thought her case hopeless, but put her on the salicylic treatment, the diet to be what she fancied except sugar and potatoes. During the four weeks following the urine fell to three pints daily, of specific gravity 1030. She had gained in flesh and strength, and was quite free from pruritus vulvæ; she was able to resume the duties of managing a large boarding-school. This improvement continued for nearly four years, when cancer of the liver set in, from which she died. In this case, I could never get the urine free from sugar, nor its specific gravity lower than 1030; yet at the same time the quantity remained normal. She took the medicine at intervals up to the last.

Case III.—Mrs. H., aged 51, had, on the fingers of both hands, nodes of rheumatic arthritis. Symptoms of diabetes had existed a year; she had wasted greatly. I saw her in February, 1881. She was then passing eight pints of urine daily, of specific gravity 1040, loaded with sugar. After two weeks' taking of the salicylic acid, forty grains in the day, I found the specific gravity of the urine 1020, and only a trace of sugar; and she was passing a normal quantity. She continued the medicine, in less doses, for a month. At the end of that time, she wrote to me that she was in every respect quite well. I had no further visits from this case, as she left the neighborhood while under treatment.

Case IV.—Miss W., aged 52, was subject to rheumatic pains and cramps. I saw her in consultation in March, 1885. Diabetes had existed four months, rendering her unfit lately for household duties. Her urine was highly saccharine, of specific gravity 1030, and seven pints were passed daily. She was ordered salicylic acid, fifteen grains in mixture, three times a day, for a week; and then in ten grain doses. At the end of the second week, the specific gravity of the urine was 1010, with no sugar. The quantity was six pints daily. She said she always passed about this quantity, but now felt quite well. The medicine was shortly afterwards discontinued; and there has been no return of the glycosuria. In this case no restriction of diet was ordered.

Case V.—Mrs. P., aged 59, had rheumatic arthritis in the fingers and wrists, and muscular pains and cramps frequently. She first consulted me February

3, 1885, for cataract forming in both eyes. Symptoms of diabetes dated back a year. The urine was highly saccharine, of specific gravity 1035; and eight pints daily. She commenced the salicylic acid, taking thirty-six grains daily, and from her diet she was ordered to exclude sugar and potatoes. On February 10th, urine eight pints, specific gravity 1028; much sugar. On February 17th, urine five pints, specific gravity 1020; less sugar. On February 26th, urine four pints, specific gravity 1010; no sugar. On March 12th, she was in the same condition as at the last report. I had to leave off the salicylic treatment, as she complained of its giving her indigestion. She said she was very much stronger. The above rapid improvement, under the salicylic treatment, only lasted three months, as, on May 28th, the urine, though only four pints in the day, had a specific gravity of 1030, and there was a return of the sugar. On resuming the medicine, the glycosuria again disappeared. Owing to the dyspepsia which the medicine causes, this lady cannot continue it long enough to do more good. The cataracts have not increased, and she gains instead of losing strength; but, up to the present, she returns about every three months with glycosuria, but no polyuria.

Case VI.—Mr. D., aged 59, had frequent rheumatic pain and stiffness of joints, also cramps. I first attended him January 13th, this year, for a peculiar clonic spasmodic action of the left arm, and at the same time discovered that he had been suffering for about six months from diabetes, passing daily twelve pints saccharine urine, of specific gravity 1042. I prescribed salicylic acid in mixture 36 grains daily, and ordered him to avoid sugar and potatoes, also to take whisky instead of beer. In four days, the quantity of urine was reduced to four pints in the day, containing less sugar, and specific gravity 1025. He is still under treatment. He had no return of the spasms or rheumatic pains; the specific gravity of the urine varies between 1025 and 1032, but the quantity has no day exceeded four pints.

In addition to these six cases of glycosuria in rheumatic persons, I have tried the salicylic treatment in four other cases in which no rheumatic symptoms existed, and, in all, failed to make any impression on the polyuria or sugar. Two of these cases were carefully observed in hospital; they improved on restricted diet and sedatives, but not on salicylic acid. These four were doubtless glycosuria of hepatic origin; in age they were under 30, while the cases I have described were all over 50.

General Remarks.—The first and most marked effect of the salicylic treatment in the glycosuria of rheumatic persons, is the almost complete removal of the distressing polyuria which accompanies it.

In Case VI., after four days' treatment, the daily evacuation of urine was reduced from twelve to four pints, and, in all the cases, this effect was one of the earliest and most constant; at the same time there was a considerable fall, both in the specific gravity of the urine and its proportion of sugar; even when the treatment fails to remove the sugar entirely, it reduces it to such a trifling amount, that the patient is unconscious of any ailment, and gains in flesh and strength. This improvement persists for weeks after suspending the medicine, as is the case with two patients now under observation; the quantity of urine never exceeds three to four pints in the day, nor does the specific gravity rise above 1028 or

1030, though containing sugar. Even this condition must be safer and less serious than when the patient is passing daily nine to twelve pints of saccharine urine, of a specific gravity of 1040 and upwards.

As to diet, the careful restriction which is so imperative in the diabetes of hepatic origin is not so necessary in this kind; still I think it greatly helps to restrict the formation of glucose in the system, by prohibiting potatoes, farinaceous puddings, and sugar, as much as possible.

In administering salicylic acid, the following mixture has given good results:

R—Salicylic acid ℥ij.
Bicarbonate of soda ℥j.
Ammonia ℥j.

Mix in water ℥j, and, when effervescence has subsided, add water to ℥xij. An eighth or twelfth part to be taken three times a day.

This is a soluble neutral mixture, and is not unpalatable when given in a wine-glass of water, with a little tincture of orange-peel added. The ammonia prevents any depressing effects. I have tried the free acid made into three-grain pills with mucilage, as recommended by Dr. Latham in rheumatic fever, but have not found them superior to the mixture, while many patients object to swallowing five or six pills as a dose.

It is a matter of much importance, with regard to treatment, to be able to distinguish between the two kinds of diabetes. The presence or absence of rheumatic arthritis, pains, and cramps, is often sufficient; but Dr. Latham has recently called attention to a more certain mode of distinguishing between the two, as he has found in the diabetes of rheumatic persons—that is, organizing in the muscular tissue—the urine contains some substance which dissolves cuprous oxide; so that a larger quantity of Fehling's test has to be added before getting the brown precipitate in this urine, than in the diabetic urine of hepatic origin. I have lately been able to confirm this observation.

Therapeutic Notes.

Dr. J. LINDSAY PORTEOUS thus writes in the *Edinburgh Med. Jour.*: Of late there has been a great influx of new drugs, some of great value, others of little or no use. Where a medical man has an extensive practice, consisting of rural and urban patients, he has ample opportunity of testing the effects of drugs, as the varieties of disease that come under his notice are great: and although his means of watching the actions of drugs are not so good as in hospital practice, yet a good deal can be done if he cares to take a little trouble to "take notes."

The following list of medicines, more or less new, have been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results:

Bromidia.—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used in the States, called *Bromidia*. According to the makers, it is composed of chloral hydrate, 15 gr.; potassium bromide, 15 gr.; extract of cannabis indica, $\frac{1}{8}$ gr.; and extract of hyoscyamus, $\frac{1}{8}$ gr. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in pro-

curing sleep, without the disagreeable dreams and after-effects of opium. The dose is ʒss. to ʒj. every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

Grindelia Robusta.—This, in the form of a tincture, is an excellent tonic expectorant, especially in chronic bronchitis. It is also useful in pneumonia, and almost a specific in asthma. Along with *Quebracho* it greatly relieves the patient during the attack, and lengthens the period between the attacks. The use of iodide of potassium and liquor arsenicalis, vaunted so much by some medical men as a cure for this malady, does, in my opinion, more harm than good.

Tincture of Quebracho is very serviceable in the emphysema of pleurisy. It seems to have a decided power to lessen the respirations and dyspnoea. It is said to be beneficial in phthisis and mitral regurgitation, but of this I have had no experience. The relief it affords in dyspnoea is supposed to be due to its power to increase the strength of respiration, thus facilitating the supply of oxygen. I generally give 15m or 20m for a dose.

Tincture of Coto, made from the bark of a tree growing, I believe, in Bolivia and Brazil, I have found an excellent remedy in some forms of diarrhoea, especially in children. The only objection to its use is that it is rather hot, and should be well diluted.

Oleum Deelinæ.—My attention was drawn to this oil last June by an article in a medical paper by Dr. Roberts of Chester. I wrote to him, and he kindly sent me some to try. It is a pure amber-colored oil, without smell, and with little taste. It seems to evaporate or be absorbed very rapidly, as in a very short time after it is applied to an exposed surface, there is no trace of it. My experience of it is very favorable. In one case of gouty eczema of ten years' standing (acting up to Dr. Roberts' instructions), I had the parts affected washed well with oatmeal water, then the oil was gently smeared over the surface, and a piece of soft cotton applied. This treatment was continued once a day for ten days, when the eczema entirely disappeared.

In another case, one of sycosis, of three years' duration, which had been treated by many medical men and quacks, the success attending its application was surprising. An attempt had been made to extract the hairs of whiskers and beard, but the pain was so great that the man refused to allow it to be continued, and in July consulted my colleague, Dr. Proudfoot. He ordered *Oleum Deelinæ*, to be rubbed well in, night and morning, for a week. At the end of this period we found that suppuration had taken place at the roots of the hairs; and on applying the depilatory forceps, we found that the hairs came out without any pain. In a few days the parts became quite healthy, and remain so still. It is difficult in this case to say whether it was the depilation that cured, or the oil; but if the oil did not cure directly it did so indirectly, by loosening the hairs and making the operation of extracting them painless. In the "scalding" of infants it is very beneficial. Dr. Roberts never uses it in the acute stage, and always pays attention to the constitutional symptoms.

Erythrophlæa Casca, I have proved an excellent substitute for digitalis; and, in fact, have found it relieve when the latter had failed.

Naphthalin.—This I have found of great service in the treatment of ulcers. Dr. Proudfoot was consulted by a patient who had an ulcer on one of his legs,

measuring 8 inches by 5 inches. The patient stated that he had had it over fifteen years. His age was 35. He had consulted many surgeons, both private and hospital, but never derived much benefit. Dr. Proudfoot blistered the edges, and ordered naphthalin to be dusted on the surface of the ulcer twice daily. At the end of the fourth week of the treatment, the ulcer was entirely healed; and now (two months) there remains nothing but the mark where it was.

Chekan.—As a liquid extract it is excellent in bronchitis and laryngitis.

Tincture of Guarana has become very popular amongst many of my patients who suffer from sick headache. It can be given in doses of 20m every fifteen minutes; or, better still, ʒj. every hour.

Sanguinaria.—As a tincture, I have found it very useful when the tongue presents a yellow appearance. It seems also beneficial in some forms of jaundice.

Cascara Sagrada.—This drug is now almost too well known to the members of our profession for me to mention. It is doubtless the best remedy for habitual constipation that has ever been discovered. I mention it, however, because I have been obliged to forbid its use to two of my patients, on account of its causing blood to come with the stools. Perhaps others have had the same experience.

Berberis Aquifolium (Barberry).—This has been famed for long as a cure for jaundice. Along with a decoction made from the globe artichoke, I have seen excellent results.

Antipyrine.—I have found this new antithermal very useful in acute rheumatism, pneumonia, scarlet fever, and, in fact, in all cases of high temperature. It not only reduces the temperature, but causes a moisture on the surface, followed by pleasant sleep.

Tincture of Jaborandi promotes secretion of the sweat glands in rheumatism and nephritis of scarlatina. It is especially useful in the latter; but I have found that it must not be often repeated, or it will cause greater distress. It lessens the quantity of urine.

Jamaica Dogwood (*Piscidia erythrina*).—This is said to be a specific in facial neuralgia and pertussis. I have found it do good in one case of persistent sciatica. It is an effective anodyne and sedative, with no disagreeable after-effects.

Ethylate of Sodium.—We have tried it in two cases of nævi. The nævi were painted with it once in twenty-four hours. When again seen they were blackened, and had a shrivelled appearance. A second time it was applied, and at the end of three days the blackened crust fell off, leaving little trace of the original mark.

Osmic Acid, or Hyperosmic Acid, or Tetroxide of Osmium.—Used as a 1 per cent. solution, it has proved most useful in cases of obstinate sciatica. In one case in which it was used, the patient had suffered excruciating pain for ten months. He could neither work nor sleep for any length of time. Blistering, morphia, and the battery, were tried with only temporary relief. Osmic acid was injected once a day for three consecutive days, then every alternate day for a week, the result being perfect freedom from pain; and now three weeks have passed, and there has been no return.

IV. GENERAL MEDICINE.

Curious Fatality from Worms.

The *Med. Press* (August 18) says: Medical literature contains many records of the curious symptoms produced by one or other variety of the parasites which infest some part of the alimentary canal. It is, however, not often that death can be distinctly traced to them, and the details of such a case just recorded on behalf of the police in Paris are sufficiently extraordinary to call for more than a passing remark. A young girl in good health was found dead in bed by her parents. Nothing could account for her sudden decease, and in their fear of the possible consequences of this unexpected death, they resolved to leave the body in some sequestered spot, to be found or buried without any explanations being asked. When the body was found, its discovery created the greatest excitement; thousands of people visited the *morgue* daily to obtain a glimpse of the poor little corpse, no doubt being entertained as to the fact of a wanton crime having been committed. It now appears that death was due, not to violence nor poison, but to the somewhat prosaic accident of impaction of a bundle of intestinal worms in the larynx during sleep. The occurrence is certainly a curious one, and shows what unexpected causes may be at work in leading to a fatal result. The extraneous elements of interest in the case were entirely due to the foolish action of the parents, whose conduct was certainly reprehensible to the last degree.

The Bacillus of Malaria.

In 1879, Professor TOMMASI-CRUDELI published, in the *Atti della Reale Accademia dei Lincei* at Rome, a memoir on the distribution of the subsoil water of the Roman Campagna, and on its influence in the production of malaria. In this research, which proved the starting-point of new studies on the etiology of malaria, the author traced the natural history of this morbigenous ferment, discarding many errors and prejudices of old medicine, and maintaining that the causal agent of the disease could only be a living organism. Towards the close of the same year, Tommasi-Crudeli and Klebs published in the same *Atti* a memoir embodying the results of inquiries on malaric airs and soils, and of experiments on rabbits, proving that the living organism is a schizomycete, named by them "bacillus malarie." As the result of researches on the individual affected with malaria, Marchiafava and Celli announced that within the red-blood globules are constantly found plasmatic bodies (*corpora plasmatica*) endowed with lively amœboid movements, in which the hæmoglobine is transformed into melanine (melanæmia); and in a further memoir which they have published this year, they suggest as a more probable hypothesis the opinion that those plasmatic bodies are the living organisms which produce malaria. Thus Marchiafava and

Celli confirm in substance Tommasi-Crudeli's opinion, that a living organism is the cause of malaria, but they regard its form as differing from a schizomycete. These observations are embodied in a note with which Todaro prefaces a communication by Tommasi-Crudeli in the April number of the *Lincei*, on "a bacillus found in the malaric atmosphere around Pola (Istria)." This bacillus resembles the most typical forms of the bacillus malariae which Tommasi-Crudeli and Klebs found in the air and subsoil of the Roman Campagna, which is *par excellence* the home of malaria. Since identity of form does not necessarily imply equality in infective power, Tommasi-Crudeli reserves his definite opinion on the bacilli discovered in the air of Pola, until they shall have been submitted to experimental research, a plan of which he has sketched.

The Pasteur Institute.

The *N. Y. Med. Jour.*, Aug. 28, says: It is well known that several deaths have happened of persons who had undergone M. Pasteur's method of protective inoculation for rabies or were still undergoing the process, and it is no more than natural that each succeeding death should have had its effect in undermining the confidence that had come to be felt in the system. Looking at the precise facts, however, we may still cherish the feeling that a great triumph has been set on foot, if not already accomplished.

On the 5th of this month, as we learn from the *Gazette Hebdomadaire de Médecine et de Chirurgie*, the Paris *Conseil Municipal* ceded to the society of the *Institut Pasteur*, by a vote of thirty-three to fourteen, for a period of ninety-nine years, the land that had previously been allotted to it for thirty years only. In the course of a discussion that preceded the vote, a statistical statement was furnished giving the results thus far accomplished. The whole number of persons treated amounted to 1,656, of whom 15 had died; 1,009 of these persons belonged in France, and 3 of them died; 182 (including 50 bitten by rabid wolves) came from Russia, and 11 of them died (3 after dog-bites and 8 after wolf-bites); 20 from Roumania, of whom 1 died; and 59 from England, 17 from Austria, 74 from Algeria, 18 from America, 2 from Brazil, 42 from Belgium, 58 from Spain, 7 from Greece, 8 from Holland, 25 from Hungary, 105 from Italy, 20 from Portugal, 2 from Turkey, and 2 from Switzerland, none of whom died.

Including the cases of persons bitten by rabid wolves, who furnished more than half the deaths, the total mortality amounts, therefore, to less than one per cent. Surely this is most encouraging. It will scarcely be maintained that any such proportion of immunity would have followed in the natural course of things, at least among those who do not utterly deny the existence of rabies as a specific disease; and the objection that time enough has not elapsed to enable us to judge of the fate of the bitten persons, in view of the long incubation popularly ascribed to the disease, is fast losing its force, for some of the cases date back now more than a year. Even if we were to concede the non-existence of rabies, and accept the view that those who are supposed to die of it really perish from fright, M. Pasteur would still be entitled to the gratitude of mankind for having saved 1,641 persons from dying of fright.

On the Nature and Causes of Disease.

In commencing this address, Dr. EATON (*Brit. Med. Jour.*, Aug. 7,) noted the comparative scarcity of facts and the redundancy of opinions and hypotheses, which obscured all research into the nature and causes of disease. The true constituents of normal blood-plasma were as uncertain as the changes which the plasma really underwent in rheumatism, and it was still unsettled as to whether that disease was essentially a nervous disorder or a form of blood-poisoning. Yet the task must be pursued, and clear ideas must be attained through patient scientific research. Disease was clinically a disturbance of the normal play of the functions, causing pain, weakness, *malaise*, and biliousness, as was demonstrated by the phenomena of special diseases, but serious diseases often lay latent before developing clinical symptoms. Organic changes were marked in some diseases, apparently absent in others; but, after all, such changes would probably be detected in the latter class by further investigations. Disease was an abstract term, and it might imply disorder, suffering, and loss of function easily accounted for by injury to or changes in organs and tissues, yet the term must also be applied to similar unfavorable subjective conditions not to be traced to visible injuries and changes; and lastly, morbid changes in structures may be independent of any symptoms.

The complexity of the causes of diseases, and the difficulty of tracing them, was next considered. The beginning of an intelligent study of pathological anatomy was traced to Morgagni's *De Sedibus et Causis Morborum per Anatomen indagatis*, a work based upon a long series of necropsies made by himself and his master Valsalva. Morbid states of the blood were then discussed. Besides anæmia, spanæmia, leucocythemia, hyperæmia, and forms of blood-poisoning where mineral poisons were really found in the blood, there were also the morbid conditions where specific germs existed, and diseases where forms of life much higher than bacteria were found in the circulation. Reference was then made to the opinions of Panum, Burdon Sanderson, Bergmann and Koch, as to the precise relation of micro-organisms to the infection which they were said to produce, but with which they may be only associated. Dr. Eaton named the principal micro-organisms which had been considered as truly specific, and then gave a succinct account of Pasteur's work. Pathogenic bacilli, as well as the reputed essentially specific forms, were then named in association with the conditions in which they were found.

Notice was then taken of inflammatory products, textural changes and degenerations, new growths, and animal and vegetable parasites. These latter were described at some length, in an instructive manner. Malformations were also discussed. Then some words were said on the predisposing causes of disease, and the influence of age, sex, temperament, diet, occupation, heredity, and intermarriage, previous attacks of disease, mental, moral and physical conditions, hygienic surroundings, temperature, atmosphere, habitat, and climate.

Lastly, Dr. Eaton mentioned the principal diseases which appeared to be independent of the above-named influences, and not assignable to any known cause, such as tumors, tetanus, linear atrophy of the skin, fragilitas ossium, mollities ossium and other widely distributed or purely local diseases.

The letter concluded by stating that he hoped his brief review of the researches

of distinguished modern authorities would render more definable to the minds of his audience, as it had already to his own mind, knowledge which might hitherto have been somewhat vague, and might henceforth prove suggestive of topics which waited for investigation by the medical profession.

Give the Young Doctors a Chance.

We take the following from the *Indiana Med. Jour.*: Within a little over a year, nine physicians of this city have passed to that bourne whence no traveler returns. Several were men in the fulness of years; none less than fifty years of age. Seven were members of the Marion County Medical Society; one was not, nor for ten years had he been a member. But he was in good standing with the regular profession, and a called meeting of the Society brought out a large attendance of his medical compeers, and the customary resolutions were passed and reported in the local press, and formed the basis of several eulogies. Notable among these tributes was that of his former partner, who stated that he did not doubt but that the deceased had given away at least \$100,000 in charitable practice during his forty continuous years' work in Indianapolis. Granting such to be the case, we wish to protest, in the interests of all reputable and hard-working doctors, against such a course.

Medicine is a charitable profession, but it is a charity that should begin at home, and should be directed to one's own self, his family and the members of his profession, rather than be poured out miscellaneously upon humanity at large.

Had the doctor done one-half of this free \$100,000 practice, and spent a larger portion of his time in study, rest and recreation, and in collecting his just bills, it would have been better for himself, his patients, his co-laborers, and notably better for the young physicians growing up around him.

To the latter he was no aid in any scientific or professional way, except as a model of a hard-working doctor, taking everything that fell in his way, and collecting what he could.

The young men growing up about him, in his earlier days, could have done the poor practice, and had time to collect some portion of the bills. People call the old doctor who always goes on call, time and time again, and reason about as follows: "Well, the old family doctor is pretty well fixed; he is a slow collector, and I know a score of people who have been owing him bills for years." They know they can get the services of such men for the old fifty cent and seventy-five cent rate with the medicines thrown in, just as their fathers and mothers did, and "pay after harvest." This course will not do now. One month is as good for pay as another, and the first is always the best.

If the remaining wheel-horses in the profession will make fewer bills, charge full rates, collect them promptly, sleep more at night, attend medical societies, avoid routine, and keep up with the rapidly-moving procession of the present, they may expect to live to a green old age, have a fair consultation practice, a few score of old families whose children will rise up and call them blessed, and will have no other doctor before them. Nor will the societies have to report, as has been done four times the past year in the Marion County Society, that the deceased had literally worked himself to death to make bills that were never paid, and that his family is left without a competence.

By such a course, the community will be educated to the belief that medical bills are to be paid; young men will have a chance to do the shaky practice in their own neighborhood, and will collect a much larger portion of it than is now done; the patrons will receive better care; and the barriers between the young and the old practitioners will melt away, and they will recognize the common interests of humanity and of the profession also.

Small-Pox and Vaccination in New York.

The *Brit. Med. Jour.* says: The following is an extract from the Fifth Annual Report of the State Board of Health of New York (p. 454, April, 1885). The objections and occasional resistance to vaccination which are met with among immigrant passengers indicate a considerable scepticism in European communities, more particularly among English people, as to the protection afforded by it, or else a fear that constitutional disease will be introduced by that means. The groundless character of the fear that disease will be communicated by vaccination, when proper care is used in the selection of the vaccine virus, has been too often demonstrated to require any argument in this place. The result of the teachings and influence of the anti-vaccinationists is well illustrated by the fact, that in the hospitals of the city of New York, not a single case of small-pox exists at this time, while in the city of London, the reports have shown for months past an average of upwards of eleven hundred cases in hospital. In New York city, where a "from house to house" inspection and search among the tenement population for the unvaccinated is practiced every year, small-pox is not met with, except as it was imported and developed by persons from other localities; in London, the weekly average of new cases, as indicated by bills of health and the number in hospital, has been from four to five hundred. . The number of cases of small-pox on vessels that entered that port in 1883 and 1884, was twenty-five.

V. CLINICAL MEDICINE.

Ainhum.

Before the Dominion Medical Association Dr. SHEPHERD, of Montreal, read the notes of a case which he had treated in the Montreal General Hospital. The disease affected the little toe of the right foot of a negro, aged forty-seven, born in North Carolina. The little toe became affected some six years before. He first noticed a small ulcer on the digito-plantar fold, then a constriction surrounded the toe at this point, which gradually deepened. The toe was much larger than normal. He suffered greatly when walking. The toe was amputated, and on dissection appeared to consist of much thickened skin and fibrous tissue. The bones of the toe were much atrophied and the joint had disappeared; the proximal phalanx looked somewhat like a claw.

Chylous Ascites.

M. L. STRAUS, in the *Archives de Physiologie* (Paris, May 15th), publishes an elaborate memoir on chylous ascites, and enunciates the following conclusions. A rare kind of ascites exists as the result of effusion of chyle into the peritoneal cavity, and is therefore rightly named chylous ascites. Such effusion is always due to a lesion of, or obstacle in, the chyloferous vessels, the ganglia, or thoracic duct. The irruption of chyle into the peritoneum is either due to transudation or to actual solution of continuity of the chyle vessels, or of the thoracic duct. Clinically, the chylous nature of the extravasation may be affirmed with certainty by the following characters: the milky and homogeneous appearance of the liquid, the extreme thinness and regularity of the fatty emulsion which it contains, its poverty in white and red globules, and the rapidity of its reproduction with the same characters.

Abnormally Short Cordæ Tendinæ.

Dr. J. FERGUSON thus writes in the *Canadian Practitioner*: In the *Canadian Journal of Medical Science* for the year 1882, at page 292, I ventured to suggest this as at least one cause for regurgitation; and that the shortening might come from swelling of the part in cases of inflammatory rheumatism.

Since that date I have been able to procure some good examples of this condition. In two there was the history of rheumatism, but in the third there was no reason for thinking the person had ever had rheumatism.

In this latter case all the structures of the heart were perfectly healthy—the only abnormality being very short tendinous cords, which prevented the mitral valves from falling back with sufficient freedom to close the orifice. Hence a regurgitant murmur existed during life.

A condition such as this would naturally tend to get worse.

In the two cases where there had been rheumatic endocarditis, the swelling of the tissues had led to their contraction, and thus the cords in these cases were shortened.

Intravenous Injection of Salt Solutions.

Dr. F. B. HARRINGTON (*Boston Medical and Surgical Journal*, May 27, 1886) has tabulated all the recorded cases of transfusion with salt solutions. He recommends that the solution be made as follows :

Sodii chloridi	6 grammes.
Sodii bicarbonatis	1 "
Aquæ destillatæ	1000 "

The solution should be warmed and kept at a temperature between 100°F. and 104°F. The solution should enter the circulation at a low pressure, and its effect on the heart should be carefully watched. Gravity pressure is safer than a syringe, an elevation of from one-half to three feet being sufficient. The amount used would depend upon the effect upon the circulation, but it may be from one to four pints.

A Point of Diagnosis in Rotheln.

The extreme infectiousness, notwithstanding the comparative harmlessness, of German measles, makes it very desirable to find early indications of its presence. Dr. JAMES G. GLOVER writes, in the *Lancet*, that he had been struck in two or three cases with the fact that the earliest symptom to excite the notice of the patient has been a swollen gland in the neck at the back of the sterno-mastoid muscle. One young lady consulted him about such a gland of a considerable size, and without any obvious explanation in its neighborhood. Four days later a rash of rōtheln appeared and explained the mystery, and the single gland had become the usual chain on both sides of the neck. When the disease is prevalent, or already exists in a family, and a swollen cervical gland in a young person appears without obvious reason, it may be suspected, the writer maintains, that the disease is already in the system. The occurrence of cervical glandular enlargements is, of course, one of the commonest and most interesting notes of this least pyrexial of the eruptive diseases, and the early appearance of the symptoms coincidently with the rash, or even a day before, as Dr. Goodhart describes in one case, is also known. But its appearance four or five days before the eruption seems worth noting for diagnostic purposes.

Epilepsy from Diseased Teeth.

The literature of epilepsy contains some fifteen cases in which this disease was cured by the extraction of one or more teeth, but in none of these cases is it proven that the disease of the teeth was the direct cause of the attacks. The following case, recorded by SCHWARTZKOPF (*The Practitioner*, June, 1886), is apparently conclusive in this regard: The patient, a man aged twenty-seven, suffered severe pain in the right upper middle incisor, which was filled soon after. Thereupon appeared a swelling on the adjacent portion of the hard palate, which increased in size until it reached the soft palate, in which, soon after, a fistulous

opening appeared. Every morning the patient expelled, by pressure with his finger, the purulent contents of the swelling, and was thereafter comparatively free from pain. The tooth, however, was loose, and somewhat painful when in use. Ten days after it was filled an epileptic attack occurred, which was repeated after several months. Gradually the attacks became more frequent, and in eighteen months after the first attack they occurred several times a week. The fistula remained during this entire period, and the patient used, under medical advice, bromides, atropine, and other remedies, without result. The tooth was then extracted, whereupon the fistula healed, and the epileptic attacks have not returned, although the extraction occurred four years ago.

Confusion in the Treatment of Scarlet Fever.

Dr. J. M. Soor, of Philadelphia, writes to show how the therapeutics of the regular and of the homœopathic schools have erred in their modes of administering belladonna in scarlet fever. Belladonna, he says, given in small doses, produces dryness, paleness of the skin, and sometimes a bluish color of the mucous membranes. This anæmia is caused by the contraction of the arterioles, the agent being a stimulant to the vaso-motor system; but when belladonna is given in larger doses it causes dilatation of the arteries and a fall of blood-pressure. This action is induced by an overstimulation of the vaso-motor nerves, and it is the secondary, and not the primary action of the drug, which gives to the superficial parts an appearance not unlike scarlatina. If now a small dose cause anæmia, it is evident that such a plan of treatment would reduce the inflammatory material. But this is not according to the laws of homœopathy, but of antagonism. If large doses should be given, there would be over-stimulation of the vaso-motor system, and a condition not unlike the eruption of scarlatina would result. This would be according to the law of similars, but would not be productive of beneficial results. In regular practice belladonna has been abandoned in the treatment of scarlet fever, and has been proclaimed as worse than useless, because his deficient knowledge of therapeutics has led the physician into homœopathy; whereas the homœopathist still speaks in high terms of the many virtues of the drug, owing to the fact that he has followed ignorantly the law of antagonisms, and not the law of similars, and has, consequently, obtained good results.

Peripheral Neuritis and Tabes.

The interesting fact that tabes dorsalis is often associated with, and even preceded by, lesions of a peripheral rather than a central kind, has attracted much attention of late. We have before mentioned the contribution made by M. Pierret to the Academy of Medicine, and we may now add the conclusions arrived at by MM. Pitres and Vaillard from a study of many cases (*Rev. de Med.*, July, 1886). These statements are to the effect that the peripheral nerves of tabetic subjects are often the seat of indubitable inflammatory changes in no way differing from other forms known as non-traumatic neuritis. The changes are very variable in their situation; the sensory, mixed, and visceral nerves may be attacked. In the majority of cases, but not in all, the neuritis begins at the terminal extremities of the nerves. The extent and gravity of the changes bear no constant re-

lation to the age, extent, or depth of the spinal lesions of locomotor ataxy; nor do they apparently take any share in the special symptomatology of tabes, as the lightning pains, motor incoördination, abolition of knee-jerk, and disorder of muscular sense—symptoms which seem to be due to the sclerosis of the posterior columns and the posterior nerve roots. On the other hand, there are certain rarer symptoms which seem to be directly related to peripheral neuritis; such are (a) areas of cutaneous anæsthesia or analgesia; (b) trophic skin lesions, as perforating ulcer, œdema, eruptions, dystrophy of the nails; (c) certain motor paralyses, accompanied or not by muscular atrophy; (d) arthropathies and spontaneous fractures; and in some cases the visceral neuralgiæ may be attributed to neuritis of the corresponding nerves.

A Rare Case of Aphasia.

Dr. VOLLAND reports the following peculiar case (*Centralblatt für Klinische Medizin*, July 10, 1886): A strong, healthy boy, fifteen years of age, fell into the cellar of a house which was in the course of construction, receiving a wound over the right parietal bone. The periosteum was stripped from the bone for a considerable distance; but the bone was not broken, and there were no symptoms of fracture of the skull. After a period of unconsciousness lasting three days, the patient came to himself. There was no paralysis; but, while apparently understanding everything that was said, he was unable to speak. The only word which he used in all questions and answers was a stammering "anna," and the same word was the only thing legible that he could write; but it was found that he could count correctly and clearly, and could also add, subtract, multiply, and perform any numerical problems with ease. After about two weeks the patient began to learn a few words. He would first decipher a word here and there in reading, and soon was able to repeat the word after reading it. The wound, which was received in March, healed rapidly, and the following winter the boy went to school. Here he was able, only with the greatest difficulty, to speak or write a connected sentence, and was very backward in reading and writing, but in mathematics easily kept up with the brightest and most advanced of his schoolmates. Six years later there was still much difficulty in speaking, and he often forgot words when at all excited. Within the last year he has had occasional attacks of vertigo, so that he would have to take hold of some support to keep from falling. The general nutrition and bodily strength are excellent.

Albuminuria in Health.

Von C. V. NOORDEN (*Dtsch. Med. Ztg.*, 1886, No. 2) answers the question, "Does albuminuria obtain in healthy persons, and under what conditions does it occur?" by grouping the observed cases of physiological albuminuria into three classes. Class 1 (a) comprises chiefly young persons, between puberty and the age of twenty, of delicate constitutions. Robust persons beyond that age, or children, seldom have albumen in their urine. The quantity of albumen undergoes great variation in the course of a few hours. At one period of the day there may absolutely be no albumen in the urine, while in a couple of hours afterward there may be as much as a half per cent. The albumen coagulates readily on boiling; occasionally the urine contains a few hyaline casts, but never any tubal

epithelium. The marked variation in the quantity of albumen can not be explained in many cases; in some, however, it can be traced to violent exercise, the partaking of nourishment, and psychical excitement. No pathological change in the kidneys can be assumed in this form of albuminuria, and we must attribute the phenomenon to an individual disposition. In the second class mucin appears in the urine in company with the albumen and in proportionate quantities. The existence of mucin would indicate involvement of the lower urinary passages; still the mucin may be the product of the kidneys themselves. As in the preceding class, the quantity of albumin is decidedly increased during the forenoon. The third class includes cases in which small quantities of albumen appear in the urine without mucin. In a very large proportion of these cases hyaline casts and a few cylinders filled with cells are found. Occasionally also are to be found a few red blood-corpuscles, and a strong suspicion obtains that there exists a temporary circumscribed inflammatory process.

Clinical Notes on Scabies.

Before the American Dermatological Association, Dr. F. B. GREENOUGH, of Boston, presented some notes on this subject.

For thirteen years he had had the opportunity of studying a large number of cases of scabies, and had been much interested by the rapid increase in number of cases seen during the past few years. They had rapidly increased from 3 in 1879 to 160 during the last year. He had during the past year also made inquiries as to the number of members of the same family of whom the patients could give an account as being similarly affected, and had records of 110 such cases, which, with 6 cases seen in private practice, made a total of 276 cases that had come under his cognizance during the past year. The percentage of cases of scabies had increased from three per cent. in 1876 to over 13 per cent. during the past year. During the war, the disease naturally increased, and the medical officers got a knowledge of it which they carried with them into private practice after the war was over. The disease being properly treated became so much less frequent that the new generation of physicians saw little of it, and each case not recognized proved a focus of contagion for a large circle. Four-fifths of the cases seen were between five and thirty years of age, and only four cases were over sixty years of age.

The facts which were especially noticed were the few cases in which typical burrows could be found; the great constancy of the manifestations on the penis in male subjects; and the success of treatment. He had used almost entirely an ointment consisting of two parts of carbonate of sulphur, one of carbonate potash, and three of petroleum ointment, simply cautioning the patients against applying it to inflamed and pustular localities. He referred to the distribution of the eruption as of importance in the diagnosis of difficult cases.

Cold Applications to the Præcordia in Fever.

An article in *The Practitioner* thus concludes: The general conclusions regarding the effect of applying cold to the region of the heart are as follows:

(1) The cold undoubtedly reaches the heart itself, and thus produces an effect on its action.

(2) This effect is particularly noticeable when the cardiac beats are increased in frequency in consequence of a high temperature quickly attained, and where a certain degree of sensitiveness to a high temperature exists.

(3) The effect of cold is not marked at the end of a prolonged attack of fever, pathological changes having by that time probably become established in the cardiac muscle.

(4) The local application of cold is only capable of protecting the heart-muscle from the effect of a high temperature when it is applied assiduously from the commencement of the disease.

(5) Under its influence the action of the heart improves, the number of beats diminishes, while their force and amplitude increase.

(6) Cold applied to the region of the heart diminishes the gravity of the *typhoid* condition, and favourably influences the respiration.

(7) With regard to the effect of cold applied to the region of the heart on the course of the general temperature, I cannot at present express a decided opinion, as I did not investigate the question; but in the results which I obtained indications may be found of the possibility of its causing some diminution of the temperature.

The observations were carried out in 1884 in the Rostoff local military hospital.

Tuberculosis Inoculated by Skin Transplantation.

CZERNY (*Beil. zum Central. f. Chir.*, No. 24, 1886), gives two cases in which, apparently, tubercle was communicated by the transference of a large piece of skin from one person to another, when that skin was to all appearance quite healthy, though it had come from a limb which was cut off for strumous disease. The first case was that of a boy sixteen years of age: he had suffered from a burn over the front of the knee, which was too large to undergo spontaneous healing. Accordingly, during eleven months his leg was grafted with bits of skin of varying size from amputated breasts, legs, etc. In June, 1882, *i. e.* some six or seven months after transplantation had been begun, his knee-joint became inflamed, and a fistula appeared in connection with the joint, out of which some synovia flowed. This stopped after a few days, but he was found to have the apices of his lungs affected, and a cavity in one of them. In August, 1882, pus appeared in the urine. In September he died, and post-mortem examination revealed many deposits of tubercle in different parts of the body. The second case, in a girl, also followed upon a burn: the following summer she developed kyphosis, first of the dorsal region, and later on of the lumbar region, followed by psoas abscess. The exact relationship of cause and effect in such cases is difficult to prove, but the possibility of such an occurrence is rendered more likely from a case which was related at the same time by Wahl, of Essen. A boy had his arm amputated, and was discharged from the hospital with the wound all healed excepting a tiny sinus. He was employed to nurse and look after a girl who suffered from lupus of the nose. Shortly after this the wound became larger, and displayed fungous granulations, with affection of the axillary glands and general debility. The glands were extirpated, and both in their macroscopic and microscopic appearances proved to be most typically tuberculous. The wound readily healed, and the boy regained his usual health.

Diseases of the Skin Occurring in Subjects of Gout.

Dr. WM. T. CORLETT thus writes in the *Cincinnati Medical and Dental Journal*: Let me conclude by giving a few suggestions as to the treatment which has proved most useful in this class of skin diseases. The diet is of primary import, and does not differ from that employed in the treatment of gout. In this there can be no fixed rules: some require more than their accustomed fare, while others must be curtailed to a lenten simplicity; all have especial idiosyncrasies which are imperative. The things generally to be interdicted are: rhubarb, strawberries, apples, pickles, sugar and acids, except in moderation; eggs, lobsters and fats are generally illy borne. Malt liquors, port wine and champagne should be especially prohibited, and the free use of water should with equal emphasis be encouraged.

After this the digestion should receive attention: First, the hygienic laws pertaining thereto should be enforced, and if necessary vegetable bitters, pepsin or pancreatin may be given as indicated.

Next in importance to the diet is fresh air and exercise.

The special medication embraces the alkalies, colchicum, and, in special cases, the mineral acids. Of the first, the liquor of potassium, ten to fifteen minims well diluted, taken twenty to thirty minutes after meals, as suggested to the writer by Dr. Liveing, of London, it is of benefit in a large number of cases. At times Rochelle salts, Carlsbad salts or the mineral waters are required; they should be taken before breakfast, the former well diluted in hot water. Again, the lithia salts act best; this has been noted when the eruption was accompanied by muscular rheumatism.

My very limited experience with colchicum is not favorable to its use; when benefit was derived, it seemed to be due to its purgative effect.

Local treatment is of little importance except to mitigate suffering. The alkaline baths, preparations of tar, and ammoniated mercury, comprise the means most in vogue and best suited to this end.

Loss of Weight in Epilepsy.

Dr. F. HALLAGER, assistant physician to the lunatic asylum at Viborg, has endeavored to find an explanation of the diminution of the weight of the body after an epileptic attack. Kowalewsky was the first to draw attention to this fact. He states that "all persons suffering from any form of epilepsy lose in weight after each attack." "This occurrence is not equally great in every case, but depends on the duration of the disease and the intensity of the attack. The loss of weight is greatest after the first attack of a series of epileptic fits." Dr. Hallager has drawn up a table indicating the weight of the body and the quantity of urine and fæces excreted by the patients each day during his researches. Solid or liquid nourishment was given to the patients in proportion to the frequency and violence of the attacks. By a chart accompanying the paper in the *Nordisk. Med. Arkiv* it appears that whenever the curve of weight is considerably depressed after an attack there is also a corresponding elevation in the urine curve, of which no explanation is afforded by any increase of diet. When a loss of several pounds takes place, it is owing to the secretion of an abnormal quantity of

urine. Dr. Hallager has been unable to determine whether the production of urea is also increased by the attack, but he believes the increased formation of urea is not sufficiently great to be of importance in the loss of weight. The diminution of weight caused by an epileptic attack he considers to be due to an increased secretion of urine after the fit. M. Kowalewsky insisted that psychic epilepsy, as well as the *grand* and *petit mal*, is followed by a diminution of weight. This is contrary to Dr. Hallager's opinion, who believes that there is no diminution during this psychic state except when the patient refuses all nourishment, and that the quantity of urine secreted is much less than normal. This is no doubt due to a reaction after the preceding augmentation. The fact that psychic troubles of an epileptic origin (especially when of long duration) may, like other maladies, cause a loss of weight, is natural; but this loss, which arises from general emaciation, has nothing in common with the diminution of weight after an epileptic attack, which results from a diminution of the quantity of water in the body, due to the preceding augmentation of urine.

Winter Indigestion.

In an opening address delivered before the Section of Medicine at the Brighton meeting of the British Medical Association, DR. W. H. BROADBENT spoke as follows on the topic above indicated:

As cold and damp weather sets in, there are many persons who begin to suffer from pain after eating, and flatulence; or these symptoms may not set in till later in the winter, when the cold and short days have reduced the vital powers. Very frequently the connection between the indigestion and the season of the year is not recognized, and the subjects of it simply look upon themselves as liable to dyspepsia, which they associate with certain articles of diet, instead of with the winter, or attribute it to want of exercise and fresh air. As is well known, however, cold, and especially cold with damp, will inhibit digestion, sometimes so completely that a hearty meal, eaten with avidity after a cold drive, will be vomited almost unchanged hours afterward; but this takes place more frequently in a minor degree, sufficiently to give rise to discomfort, and a sense of distention, or the cold will inhibit the hepatic functions, and cause constipation.

Now in all such cases it is not the food which disagrees with the stomach, but the stomach which disagrees with the food; and the appropriate treatment is not levelling down the nourishment to the digestive capacity of the stomach, but the bringing up of the functional energy of the stomach to the requirements of digestion, by extra food of a stimulating character, such as beef-tea, or an egg-flip, between meals, by stimulants at meals, and by tonics. So with regard to winter indigestion; winter is not the time for cutting off food, when it is required in larger amount to neutralize the influence of external cold. What is wanted is protection from the depressing influence of cold, or the means of neutralizing it.

It is quite true that most people eat far too much, and, again, that with regard to the stomach, as well as to all other organs and parts of the body, the principle of functional rest is of primary importance in dealing with disease; and restriction of food, and even temporary starvation, is often necessary; but we must distinguish, and not starve those who are suffering from inadequate nourishment, or employ treatment for catarrh, or ulcer, or organic disease, when nothing of the kind is present.

The Relationship of Bodily and Mental Pain.

In the opening address before the Section of Psychology at the August meeting of the British Medical Association, Dr. T. S. CLOUSTON presented the following suggestive account of the relation existing between neuralgia and melancholia.

In hypochondriasis we have a disease where there is neither acute bodily nor intense mental pain, but a combination of both in a modified and mixed-up way. No one who has seen a strong intellectual man pass through an attack of hypochondriasis, or of melancholia of the hypochondriacal type, and seen him recover again, can doubt that these were real diseases, caused by disordered energizing of the brain-cortex, however much the symptoms during the attack seemed mere "imagination," and the strange conduct appeared controllable by the will, if the patient had chosen to exercise it. But there are few mental diseases where a man's normal volition, his feelings, his habits, and his power of working, will be more inhibited than in this. The pains and discomforts, the imaginary disorders of function, and the general sense of organic ill-being of the hypochondriac, I look on as resulting from an equal disturbance of the mental and sensory portions of the brain-cortex; just as in ordinary melancholia there is an unequal disturbance, the mental portions being most affected. No doubt, the areas that control and specially represent the organic viscera, and their special nerve-ganglia, are specially disturbed in function in these cases.

From the prophylactic point of view, the general association of melancholia with sensory disturbances has a special value. Some pain or sensory perversion usually preceding the mental disease, the physician can take early measures of prevention. How many attacks of melancholia could be averted if proper measures were only taken in time!

It appears to Dr. CLOUSTON that physicians in general practice frequently do not realize the significance of slight mental depression, accompanying or following neuralgia or sensory perversions, and that psychiatrists often do not sufficiently think of the sensory symptoms in the study and treatment of melancholia. The border land between neuralgia and melancholia he looks on as a very slight one indeed. They are both manifestations of one type of the neurotic diathesis. The seat of both is in the brain-cortex, and in the same part of the cortex, though not in the same cells. The actual cortical conditions under which the mental and the bodily pains arise would appear to be the same; therefore, it seems clear that they should not be studied or treated apart from each other.

A Case of Rupture of the Spleen.

Dr. C. E. FANCE thus writes in the *Brit. Med. Jour.*: John D., aged 25, a private in the 2d Battalion Northumberland Fusileers, was brought to the Station Hospital, Meean Meer, on March 30, 1886, having been found dead in his bed that morning, at a camp about three miles away. He was on the road to the hills for his health. From evidence given at a court of inquiry held with reference to the death of J. D., the following facts were elicited as to his condition up to the time he was last seen alive. A comrade who went out with him on March 29th, at 7.45 p. m., to the head-quarter canteen, stated that on the way thither deceased fell heavily on his left side, into a drain, but he only complained of having

hurt his "shins," and went on to the canteen where they had some beer. Returning to the camp, deceased again fell, but rose all right, and said "good-night" to his companion.

At 10 o'clock p. m., he was found lying near a tent, by a sergeant, who, with the help of another man, took him to his tent and put him to bed. At 3 a. m., a comrade who was sleeping in the same tent woke up and found the deceased "creeping about," saying that he wanted "to go to the rear;" but when he tried to take him thither he refused to go; he therefore put him back to bed again, and the next time he saw him, he was dead—he was found dead in his bed at 5 a. m.

Although the man was stated to have been sober, he had evidently been drinking a good deal, without becoming absolutely drunk. He had served in India for six years, and during that time had been five or six times in hospital for ague; and it was on account of his debility from malaria that he was being sent to the hills.

Post mortem Examination, made about Four Hours after Death.—There were no marks of external violence, except a recent looking bruise, about two inches long, over the crest of the ilium. On opening the abdomen, a large quantity of dark-colored blood escaped, measuring two pints. The peritoneum was normal in appearance, and the intestines did not show any signs of injury or congestion. The stomach was empty, and no odor of alcohol was detected. On removing the intestines and examining the cavity of the abdomen, the spleen was felt to be ruptured, with a number of large blood-clots lying in its vicinity. The ruptures extended along the whole convex surface of the organ, and at its lower part right through its substance. The spleen weighed 22 ounces, was very congested, and extremely friable. The liver weighed 52 ounces; it was pigmented and congested, but its substance was firm. All the other organs were healthy.

Cancer Apparently Cured.

This very interesting case (VULPIAN, *Gaz des Hôpit.*, 1885, No. 61), occurred in a woman aged 32 years, who for 1½ years had been aware of a quickly growing tumor of the left mamma. After 10 months this ulcerated, then healed, and became somewhat smaller than before. Two months later the right mamma became similarly affected, upon which the patient came to the Hôtel Dieu. She was then extremely cachectic, and apparently not far from death. In the left mamma there was a hard tumor, the size of an egg, closely united to the surrounding tissues, with hard cords radiating from it beneath the skin in every direction. A similar, but less advanced state of matters existed in the right breast. On the left side the supra-clavicular and axillary glands were enlarged and indurated, and the arm was œdematous. The liver was enlarged. In the skin of the chest were from 6 to 8 hard movable tumors, the size of a hazel-nut, and similar ones existed in the neck (carcinoma of the skin). There was considerable effusion in the right pleura and some ascites. Vulpian considered the case (general carcinosis originating from scirrhus mammæ) hopeless, ordered general tonic treatment with syr. ferri iod. and arseniate of soda. Under 3 months of such treatment the patient improved in a most remarkable way. First, her general health improved, then the swollen glands dwindled, the œdema of the arm disappeared,

the tumor in the left mamma grew smaller and smaller, and the tumors in the skin disappeared. The patient was restored very much to the condition in which she had been before these secondary growths appeared.

Vulpian firmly believes that he had not mistaken the diagnosis. Syphilis, which alone came into question, was excluded by the symptoms and clinical history. A closely similar case was shown in March, 1885, by Gluck, before the Berlin Medical Association. In this case a typical adenoid cancer (*Drüsencarcinom*) had been removed from the breast by v. Langenbeck. Two years later, it recurred in the form of "cancer en cuirasse," which, under arsenical injections, spread and converted the whole mamma into a putrid ulcer. Outside it there were between 60 and 80 growths of various size in the surrounding skin. Later there was found dullness up to the spine of the scapula, infiltration of the thorax and œdema of the arm, an effusion into the knee-joint, and an outgrowth from the trochanter. The pleural exudation was found by puncture to be hæmorrhagic. Under treatment with arsenic and morphia injections, and iodoform and corrosive sublimate applied to the ulcer, the ulcer healed, the secondary growths, the outgrowth on the trochanter, and the effusion in the knee-joint disappeared.—D. M'P.

Acute Œdema of the Lungs: Disease of Tricuspid Valve.

Dr. F. R. HUMPHREYS thus writes in the *Brit. Med. Jour.*, July 11: I was called on April 10th, to see K. G., aged 38. I found her vomiting in a most terrible manner, ejecting a thick foam, such as is formed by whipping up the white of an egg, and with it some clear reddish fluid. She was in a state of collapse, and unable to speak. On auscultation, some moist sounds were to be heard over the front and back. The case was diagnosed as one of acute œdema of the lungs.

She had been quite well, with the exception of a slight cough on the 9th and 10th, and had started to walk two and a half miles to a theatre after a hearty meal of beef-steak, etc., at 7 o'clock. She had walked to within a few yards of her destination, when she became suddenly unwell, and felt unable to proceed further. A friend got her some brandy, "as her lips were very blue." She walked a short distance to an omnibus, expectorating some blood-stained fluid on the way, and came straight home, arriving at about 8:30. A quarter of an hour later, she began to vomit, continuing to do so up to my arrival at 10 p. m., but did not bring up her supper.

It was evident that the vomiting would soon kill the patient. She could not swallow well, her mouth being full of this foam. The inhalation of a little chloroform was therefore tried. The vomiting ceased, and she was able to lie back in the bed; but, a few minutes later, her pulse suddenly collapsed. Two hypodermic injections of ether were given unsuccessfully, and the patient died at 10:50.

A *post mortem* examination was made sixty hours after death. Rigidity was absent. On opening the thorax, the right side of the chest appeared quite filled up with lung; the left rather less so. Gentle pressure on the lung caused foam, etc., to issue from the mouth. On section, some muco-purulent fluid could be squeezed out. The lungs floated in water; the heart was small and flabby; the tricuspid valve was atheromatous and incompetent; the liver was mottled and very soft; the stomach contained semi-digested food; the kidneys were normal; the spleen was enlarged; the brain was rather more ecchymosed than usual on section, and the ventricles contained rather more fluid than is usually found.

At the inquest, it came out that the patient had had rheumatic fever twice, and was subject to fainting fits. Seven to eight years before, she had an attack of paralysis of the left side. The fluid vomited was serum, containing many white cells and some red. She was menstruating at the time of her death. The conjugate diameter of the pelvis was very small, but does not appear to have been detected in life. She was unmarried.

Hysterical Closure of the Eyelids.

Dr. PERCY POTTER thus writes in *The Practitioner*: If it were not that the coining of medical terms has been overdone, one might be tempted to name this affection Hysterical Blepharospasm. It is a disease which is not uncommon, but its origin may be overlooked, and the appropriate treatment neglected. As is well known, spasm of the orbicular muscle, whether of the tonic or clonic variety, is due to many direct and indirect causes. The signs dependent upon these causes are not here noticed, for it is only upon this special disorder of the eyes that these few remarks are made.

It has been said there are few diseases which hysteria may not simulate, and those of the eye appear to be no exception. The subjects of this affection are young women with perhaps no irregularity of catamenia, and in them the symptoms appear suddenly. One of the first signs is partial closure of the lids of both eyes, with apparent photophobia. Soon the spasm is so intense and tonic that it is with great difficulty the palpebral fissure can be displayed. So persistent was this contraction in one case that division of the tissues at the outer can, thus had been suggested. The tremulous closed eyelid which is so frequently met with in hysteria is not the same condition as that we refer to. The above are really all the symptoms that are present; on careful examination of the eye one fails to detect any lacrymation, redness, or granulation of either palpebral or ocular conjunctiva. It is on this absence of objective signs that the diagnosis rests. The involuntary spasmodic contraction usually lasts under appropriate treatment for a week or ten days, and in disappearing leaves no lesion behind. Relief is never obtained—as one might be led to believe—by the application of atropine and other ocular sedatives. Nor are counter-irritation and the darkened room of any avail. Having determined that the cause is not a foreign body-nerve-irritation, or conjunctivitis, there seems to be but one plan of treatment. Upon the hysterical condition a most beneficial influence is brought to bear through the sensory nerves of the skin. There is no better remedial agent than the frequent use of the shower-bath or cold douche. The affusion may be given each morning and night, and when enforced for several days is followed by disappearance of the spasm. Galvanism is subordinate to the shower-bath. Of course the general health may require attention.

As blepharospasm may be the only evident sign of hysteria, its diagnosis is not always readily effected, and the object of the above note is to point out that caution is sometimes necessary in assuming that local mischief is the sole cause of the affection.

Diphtheria—Whooping Cough—Resorcine.

Dr. JOHN MORRIS thus writes in the *Maryland Medical Journal*: About six

weeks ago I was called to see a little boy who was suffering from a sharp attack of whooping-cough. The disease had progressed to the third week. He had high fever, which I first thought might be due to an intra-current bronchial trouble. On examination of the premises, however, I came to the conclusion that the fever was due to malaria or some zymotic cause. The house was built directly on the ground, and the walls were damp and covered with mould. I have frequently observed cases of diphtheria in which there was no history of contagion, but in which I believed I could trace the origin of the disease to conditions such as I observed in this house. Dampness I have always thought a most important factor in outbreaks of diphtheria. On my second visit to my little patient I discovered the characteristic membrane of diphtheria covering both tonsils, which extended afterward to the pharynx. The boy suffered from fever for three or four days, but made a good recovery. The whooping-cough, strange to say, ceased entirely from the time of the appearance of the diphtheria, and has not returned since. This is not a mere coincidence, for the child's sister, who was isolated and did not contract diphtheria, is still suffering severely from pertussis. My theory as to the cause of the disappearance of the whooping-cough, is that the micrococci of this disease, which have their harbor in the lining membrane of the pharynx and air passages, were destroyed by a more vigorous parasite, and this would tend to strengthen the views of Professor Moncorvo, who strongly urges the use of resorcine as a local application to the surfaces involved. Professor Moncorvo believes: "1. That whooping-cough is to be classed among the diseases which are caused by the irritation excited by the presence of parasites. 2. That it is due to the presence of micrococci, which proliferate in large numbers upon the lining membrane of the larynx and pharynx, and which infiltrate the epithelial cells, which seem to be the preferential seat of their growth and increase. 3. That resorcine in a solution of the strength of 1 to 2 per cent. applied directly to the mucous surfaces concerned, has been found in all cases in which it has been employed and the results watched to rapidly reduce the number of chinks, to reduce their intensity, and finally to lead to the cure of the disease." The application is made by means of a brush or swab, and the interior of the larynx can be reached by a spray.

I have no doubt myself as to whooping-cough being a parasitic disease, and that it will prove eventually a curable one. Resorcine may not be the best agent, but some remedy will be discovered that will prove entirely efficacious. Dr. Barlow, who accepts Professor Moncorvo's views, thinks that oricine, the congener of resorcine, may be a better application, inasmuch as it is milder and less irritating.

The whole subject is worthy of study and investigation, and all clinical observations that throw any light on the matter should be received with attention and interest. It is with this view that I write this very brief paper. Perhaps the "Wilson Sanitarium" may afford a field in the future for the discovery of the origin of many infantile diseases of the exact nature of which we are ignorant.

Jaccoud on the Treatment of Gout.

In a recent number of the "Bulletin général de thérapeutique" we find an interesting summary, taken from "Le Praticien," of a lecture on the treatment of gout, by Professor JACCOUD, originally published in "La Thérapeutique contem-

poraine." It is only in the interval between the attacks, M. Jaccoud remarks, that the treatment of gouty persons is really of positive avail, and at that time, as well as with persons threatened with gout, the regimen is of prime importance, sobriety and regularity as to meals and sleep being the fundamental points. The diet should be mixed, but with the vegetable element predominating. Game, shell-fish, and salt-water fish should be avoided. Pure water is the best drink, but, if it is not well borne alone, some of the lightest white or red wines may be added to it, or weak beer may be used. A gouty person should go to bed early, rise early, and take moderate exercise. This hygienic treatment should be lifelong, and should be supplemented with the whey-cure every spring and autumn.

Where this alone does not suffice, M. Jaccoud first prescribes a mixture of equal parts of milk and some highly alkaline water, such as that of the cold springs of Vichy, to be taken for at least ten days in each month, three or four glasses daily. If this is not enough, benzoate of lithine is added, from eight to fifteen grains being given every day. Where there are repeated attacks of intestinal catarrh, with a tendency to fleshiness, a large teaspoonful of Carlsbad salt should be taken every morning, on getting out of bed, in half a glass of water, for five successive days, the course being repeated every fortnight. The dose may be increased or reduced according to the laxative effect produced. Carlsbad salt has the advantage over other purgatives that it increases the flow of urine, whereas with all the others, after three moderate but repeated purgations, the urine becomes scanty and concentrated.

Such oxidizing agents as permanganate of potassium, chlorate of potassium, and oxygen by inhalation, which have been used against the gouty disposition, have been shown to be without effect. As regards mineral waters, M. Jaccoud advises Vichy and Carlsbad for persons of a robust constitution, free from heart disease, and suffering from undisguised gout. Those who are not in such good condition will find advantages in a season at Ems or at Royat. Kissingen and Homburg are especially appropriate in cases of the articular affections left after the attacks. When there are manifestations of renal lithiasis, the patient should be referred to Contrexéville, Evian, Maragny, or Vittel. For old and enfeebled subjects the waters of Ragatz are best suited.

Proceeding to the treatment of the individual paroxysms—an affair of minor moment in M. Jaccoud's opinion—he declares himself a partisan of the expectant plan as a general thing. Ordinarily he would limit interference to enjoining rest, wrapping the affected joints with cotton imbued with some anodyne ointment, and enforcing absolute or mitigated diet according as fever is present or absent. Milk is then the best article of food. Freedom of the bowels must be secured, but, if possible, without giving purgatives. It is only when the pain is exceptionally severe or the attack is unusually prolonged that M. Jaccoud thinks it well to give salicylate of sodium (forty-five grains a day) or small doses of wine of colchicum, amounting to a teaspoonful and a half in twenty-four hours.

Case of Impaction of Stone in one Ureter, with Atrophy of the Kidney on the Other Side.

Mr. PICK gave notes of this case to the Clinical Society of London: He said that the patient was first seen on February 1st, 1884, when he was found to be

suffering from almost complete suppression of urine. The following history was obtained: The patient, aged about 45, had all his life been the subject of dyspepsia, with high-colored lithatic urine. Fifteen years ago he passed a small calculus. In August, 1883, he was attacked with severe pain in the hypogastric region, accompanied by inability to pass urine. A catheter was introduced, but no urine was drawn off. The pain, which was of a very intense character, and was accompanied by sickness and vomiting, suddenly ceased, and shortly afterwards he passed a small calculus by the urethra. Two days before he was seen by Mr. Pick, he was again seized with intense pain in the region of the bladder, extending upwards in the course of the left ureter, and downwards to the testicle on the same side. The pain was accompanied with a feeling of sickness, but no actual vomiting took place. It lasted for about four hours, and then passed off. Since that time, until he was seen, a period of over forty-eight hours, he had only passed five ounces of urine. Upon examination, he was found to be in no pain, but nervous and anxious about himself. He was sweating profusely. There was no urine in the bladder. The urine which he had passed was light-colored, almost like water, of specific gravity 1006, and contained no albumen or abnormal deposit. The diagnosis arrived at was, that the case was one of impaction of a calculus in the ureter of a patient who had only one kidney, or who had already, from some cause, had the other kidney permanently destroyed. The patient was ordered to drink half a gallon of distilled water daily, in the hope that this would act as a non-stimulating diuretic, and cause the secretion of a large quantity of urine, which would mechanically wash the stone into the bladder. Two days afterwards, his condition was manifestly altered for the worse, though it appeared to be due more to nervous anxiety than to anything else. His principal complaint was his inability to pass urine; he, however, also complained of a considerable amount of pain in the left side of the abdomen, and here there was to be felt a firm, hard, and resisting circumscribed swelling, which was dull on percussion. He remained much in the same state, gradually, however, becoming more restless, and complaining, but without presenting any fresh symptoms, until the seventh day of his attack, when he was suddenly seized with an intense desire to pass urine; and, in the course of a very short time, he passed no less a quantity than seven and a half pints of urine, and, in doing so, passed three small calculi. From this time his symptoms were at once relieved. His urine which he passed in natural quantities, contained a little blood, but this soon passed off, and in a week or two he was, as he expressed it, "quite himself again." He continued well for about a year, until February, 1885, when he had a severe attack of lumbar pain, followed by the appearance of blood in the urine, and some time afterwards passed a small calculus by the urethra. On August 3d, of the same year, he had a third attack of renal colic, which lasted five or six hours, and then passed off, but was followed by the appearance of blood in the urine. On the 11th, he had an attack of retention, from the impaction of a calculus in the urethra. This was relieved by the passage of a catheter, during which the stone was pushed back into the bladder. This was followed by vomiting, hiccough, and almost complete suppression of urine. He became comatose, and died on August 17th. Permission could only be obtained to examine the urinary organs. The right kidney was found to be atrophied, very granular on its surface, and with

only a trace of secreting structure remaining. The left kidney was of twice its natural size; its cut surface was of a deep-red color, and much congested. It contained about six or seven small calculi studded throughout its substance, and one large calculus was contained in the pelvis, and blocked up the ureter. The ureter itself was natural. The bladder contained a small stone.

Antifebrin—A New Antipyretic.

In the *Centralblatt für klinische Medizin* for August 14th, Dr. A. CAHN and Dr. P. HEPP, assistants at Kussmaul's clinic at Strassburg, bring forward a new antipyretic agent that, if further experience bears out their statements, is somewhat remarkable. They state that the substance itself is not a new one, being the neutral principle known as acetanilide or phenyl-acetamide, the formula of which they give as $C_6H_5NHC_2H_5O$. The formula may otherwise be written $C_6H_5N.(C_2H_5O).H=C_6H_5NO$. It is a white, crystalline, odorless powder, producing a slight burning sensation when placed on the tongue, almost insoluble in cold water, more readily soluble in hot water, and freely soluble in alcoholic liquids, including wine. It melts at $113^{\circ}C.$, and boils unchanged at 292° . Besides possessing neither acid nor basic properties, it is indifferent to most reagents. Although closely related to aniline chemically, it was found not to cause poisonous effects when given to dogs and rabbits in comparatively large doses, nor did it affect their temperature.

On the human subject the authors have tried it in eight cases of typhoid fever, five of erysipelas, two of acute articular rheumatism, four of pulmonary phthisis, and one case each of pulmonary abscess, leucæmia with fever, pyæmic fever consequent on cystitis and bed-sore, septicæmia, and ambulant pneumonia. The doses varied from four to fifteen grains, and thus far no more than thirty grains has been given in the period of twenty-four hours. The size of the dose needed can not be told beforehand; as with other antipyretics, it depends on the nature, severity, and stage of the disease, and on the peculiarities of the individual, but a given amount, such as four grains, is said to produce the same effect as four times the quantity of antipyrine. The authors think it probable that decided remissions of fever are more likely to be produced by single large doses than by repeated small ones, although that has not yet been shown to be the case. Tabular statements are given of the temperature variations under the use of the drug in two cases of typhoid fever, a case of erysipelas of the leg with lymphangitis, and one of pulmonary phthisis. In two of these records the comparative action of acetanilide and of antipyrine may be noted.

Ordinarily the effect of "antifebrin" begins to show itself within an hour, reaches its maximum in about four hours, and lasts from three to ten hours, according to the size of the dose, but usually, provided the temperature has been brought down to or below the normal point, from six to eight hours. No chills have yet been observed, but, as in the case of antipyrine, in a few instances the patients felt cold. Hand in hand with the fall of temperature goes a notable lowering of the frequency of the pulse, associated with an increase in its volume, as ascertained with the sphygmograph. No unpleasant effect on the digestive organs has been observed; in a few instances the appetite returned, probably as a result of the temporary freedom from fever. In still other cases unusual thirst

and decided diuresis were manifest during the remission. None of the patients complained of the drug; their general condition was perfectly good during the hours that they were free from fever. In one of the cases of rheumatism the articular pain, which had been severe, was allayed *pari passu* with the fever. At first the experimenters felt somewhat anxious on account of a pronounced cyanosis of the face and extremities in some of the patients, but this gradually disappeared and they ceased to regard it with apprehension. In a few cases, as in the experiments on animals, the patients fell into a tranquil sleep during the remission.

Besides the efficiency of the drug in comparatively small doses, its advantages are said to be that it does not disturb the stomach, that the sweating it causes is relatively moderate, and that it is cheap. The authors warn their readers against the use of an impure article. They also mention as a matter of theoretical interest the fact that, while the other antipyretics are either phenols (such as carbolic acid, hydroquinone, resorcin, and salicylic acid) or bases of the quino-line group (including quinoline, kairine, antipyrine, thalline, and quinine), we have in acetanilide an indifferent body of widely different constitution. The authors have experimented with the acetyl derivatives of toluidine and naphthylamine, benzanilide, salicylanilide, and some other complex compounds, which they promise to report upon hereafter.

A Case of Diaphragmatic Empyema.

Dr. VINCENT D. HARRIS thus writes in the *Brit. Med. Jour.*: The following case illustrates a condition which appears to be sufficiently interesting and uncommon to be recorded. The symptoms, as will be seen from the following account, were such as might possibly have given some clue as to the nature of the affection—that is to say, a localized collection of pus between the under surface of the right lung and the right convex upper surface of the diaphragm, had they not been obscured and masked by those of chronic bronchitis, which existed in considerable severity at the same time.

The account of the case, and of the necropsy, is based upon the very full and accurate notes of Mr. P. M. Earle, who was the resident clinical assistant at the hospital in charge of the case at the time, and to whom my thanks are due.

Emily B., aged 59 years, residing in Bethnal Green, was admitted into the Victoria Park Hospital, under my care, on October 13th, 1885, as an urgent case. She was a married woman, a silk-weaver by occupation, in poor circumstances. She gave the following history of her illness. Having been for many years subject to winter-cough, she was this year attacked in the autumn, much as usual; but, three weeks before she applied for relief, she was rather suddenly seized with a considerable increase of her usual difficulty of breathing, and with pain in the right side. After this, her cough and dyspnoea gradually increased, and the pain continued. She denied having had shiverings at any period during her illness; and her sputum, which was white and frothy, was never rusty or blood-stained. So anxious had become her condition by October 13th, that, when she came to the hospital as an out-patient on that day, she was found to be too ill to be sent away, and was at once admitted as an in-patient.

Condition on Admission.—She was ill-nourished; had a sallow complexion; her

expression was distressed; lips and tongue bluish; cheeks not at all flushed; extremities cold. She answered questions feebly, and with difficulty. She complained of pain at the lower part of the right chest, increased on deep inspiration, and after cough; respirations 34, costo-abdominal. She had frequent short cough, with yellowish-white, frothy expectoration, chiefly mucus; no hæmoptysis. Pulse 114, regular, but small and weak. There was no swelling or œdema of the feet or ankles; no ascites. The tongue was thickly coated on the dorsum, with dirty-white fur. Her appetite was much impaired; the bowels were said to be regular. Temperature 99.4° , evening 102.6° . On physical examination, the signs of severe bronchitis and of emphysema were discovered, and, in addition, slight impairment of percussion at the right base, and slight crackling at both bases, but, perhaps, more on the right side. There was no diminution of vocal fremitus at either base. The heart-sounds were weak, but natural, but the cardiac dulness was absent. The hepatic dulness commenced in the right nipple-line, at the sixth rib above, and extended downward to just below the costal margin; splenic dulness was not increased; there was some tenderness over the right hypochondrium. She was ordered—milk Oij; beef-tea, eggs, and 4 ounces of brandy; an ether draught every four hours, and a poultice of linseed and mustard.

Course and Termination.—The patient distinctly improved for some days after admission. The breathing became much less embarrassed, and the cough, although very troublesome, became looser. The pulse varied from 120 to 128. The temperature was always high: in the morning about 100.5° , and in the evening 102° to 102.6° . No fresh physical signs were found on careful examination, but it was noted that the liver was tender. The medicine was changed on the 16th, to senega and ammonia three times a day. On October 18th, however, without any apparent cause, the patient became very much worse; her complexion became dusky, and she was delirious, and tried to get out of bed at night.

Her state was too serious to admit of careful examination, and, from that time until her death, which occurred the next night but one, she was in a semi-moribund condition. On superficial examination of the right base, on the day of her death, the clerk's notes state that there was distinct dulness. During the whole period after admission into the hospital, the lips were singularly blue.

Chronic Rheumatic Arthritis of the Hip-Joint.

Before the Harveian Society of London, Mr. W. ADAMS read a paper on this subject. The author described at length the structural changes occurring in the later stages of the affection, and suggested that all the old museum specimens showed that the cases might be arranged in three classes: 1. In one class, the bones were increased in density and weight. The femur showed no depression of the head, nor any absorption or alteration in the angle of the neck. Ring-like masses of bone were thrown out, and the articular cartilages were eroded, but the surface of exposed bone was not absorbed. Eburnation took place in the direction in which motion had been preserved. The outgrowths of bone were produced by ossification in the articular cartilage, as proved by the author in a paper read in 1851 (*Pathological Society's Transactions*, vol. iii), by ossification of the synovial fringes, and by outgrowths from the periosteum. 2. In another

class, atrophic changes predominated, producing in the hip-joint a smaller head and depressed neck of the femur, the nodular outgrowths being less marked. 3. In a third class, the atrophic and hypertrophic conditions were combined. After expressing his belief in the causative influence of rheumatism and gout, the author proceeded to discuss the relation of these joint affections to locomotor ataxy and other nerve-diseases, and to contrast rheumatic arthritis with Charcot's disease.

Rheumatic Arthritis.

1. Changes chiefly hypertrophic.
2. Commences in the soft tissues.
3. Painful throughout its course.
4. Pain confined to the joint.
5. No febrile disturbance. No gastric or ocular symptoms.
6. Reflex symptoms present.
7. Limited mobility.
8. Progress slow and chronic.
9. Patients often reach old age.

Charcot's Disease.

1. Changes chiefly atrophic.
2. Commences in the bones.
3. Generally painless.
4. Pains shoot through the limbs.
5. All these are present.
6. Reflex symptoms absent.
7. Flail-like mobility.
8. Progress rapid and acute.
9. Patients seldom reach old age.

The influence of injury in the production of the disease was discussed; and the paper was concluded with remarks upon treatment, the value of local sweating by means of hot vapor being insisted on, coupled with shampooing and passive movement. The hot sulphur springs of Luchon, in the Pyrenees, were especially commended. Dr. Buzzard observed that the results of ordinary treatment in chronic rheumatic arthritis were eminently unsatisfactory; the disease generally went from bad to worse. In some cases of joint disease associated with locomotor ataxy, however, a remarkable regression of symptoms might take place, the patient recovering full use of a hitherto useless limb. In Charcot's disease, again, there was often a remarkable degree of hydrarthrosis of the joints, frequently extending far beyond the joints themselves; extreme weakness of ligaments, and a tendency to atrophy in the bones, were also to be noted. He thought it probable that, by the study of Charcot's disease, means would be found to explain the phenomena of rheumatic arthritis. If the disease were due to a central nerve-lesion, the tissue of the spinal cord might safely be eliminated. The results of sclerosis of almost every part of the cord were well known. Very many of the symptoms combined to indicate the medulla oblongata as the original seat of the mischief; the gastric and laryngeal crises, the heart-symptoms, and the sweating, all pointed to the probability that the centres for the vaso-motor system and for the osseous and articular system must be situated close to one another. In rheumatic fever, the acute affection of many joints, the high temperature, cardiac disturbance, and sweating, all served to illustrate this in a marked degree. He looked upon rheumatic fever as an acute affection of the medulla oblongata, and suggested that chronic rheumatic arthritis might possibly be due to a chronic form of the same lesion. He regarded Charcot's disease as a chronic affection of a certain part of the medulla, spreading to the vaso-motor centre, and causing changes in the nerves supplying the bones and joints.

Tyrotaxicon and Cholera Infantum.

Dr. V. C. VAUGHEN thus writes in the *Med. Age*: I desire to call attention to the great similarity between symptoms of poisoning by tyrotaxicon and those of cholera infantum. I am aware of the fact that the term "cholera infantum" is used by many in referring to almost any summer diarrhoea of children; but restricting the term to the violent choleraic diarrhoea, as is done by Smith and our best authorities on the subject, we shall find its similarity to poisoning by tyrotaxicon very marked.

The suddenness and violence of the attack, the nausea and vomiting without marked tenderness of the abdomen, the character of the stools, the great thirst, the severe pain in the back of the head, the nervous prostration, and the tendency to deep sleep, are all observed in both. Again, the white, soggy appearance of the mucous membrane of the stomach of the cat corresponds exactly with observations in children after death from cholera infantum. Cholera infantum, as is stated by Smith, "is a disease of the summer months; and, with exceptional cases, of the cities." Thus, the disease occurs at a time when decomposition of milk takes place most readily. It occurs at places where absolutely fresh milk often cannot be obtained. It is most prevalent among classes of people whose surroundings are most favorable to fermentative changes. It is most certainly fatal at an age when there is the greatest dependence upon milk as a food, and when, on account of the rapid development of intestinal follicles, there is the greatest susceptibility to the action of an irritant poison, and when irritative and nervous fevers are most easily induced. If all these facts be taken into consideration, along with the experiments which have been detailed, and which show the readiness with which the poison can be generated, it will certainly seem at least probable to any one that tyrotaxicon may be a cause of cholera infantum. A little dried milk formed along the seam of a tin pail, or a rubber nipple, tube or nursing bottle not thoroughly cleansed, may be the means of generating in a large quantity of milk enough of the poison to render it highly harmful to children. The high temperature observed in children with cholera infantum, and which has not been observed in adults poisoned by tyrotaxicon, may be caused by the continued production of the poison in the child's intestine, by the continued administration of milk, and by the greater susceptibility of the sympathetic nervous system in children.

If this causal relation does exist between tyrotaxicon and cholera infantum, a knowledge of it will aid us, not only in the preventive, but in the curative treatment of the disease. The first thing to do in the treatment of the disease is to absolutely prohibit the further administration of milk, either good or bad, because the fermentation going on in the intestine would simply be fed by the giving of more milk, even if that milk be of unquestionable purity. I would suggest that some meat or rice preparation be used for food, though experience will soon give us valuable information on this point.

A germ which forms a poisonous ptomaine by its growth in milk may be wholly harmless when placed in a meat or rice preparation.

Secondly, mild antacids should be administered, because the poison, so far as our information goes, is produced only in acid solutions. The great value of the chalk mixture in the treatment of the disease is well known.

Thirdly, theoretically at least, the employment of small doses of some disinfectant would be of benefit. I find that there is considerable difference of opinion in the profession as to the use of small doses of calomel in this disease.

Fourthly, the use of opium in some form is consistent with the theory.

And lastly, the administration of stimulants, brandy and ammonia, to counteract the depressing effects of the poison already formed and absorbed, should be practiced.

All of these, save the first recommendation, have been practiced in the treatment of the disease empirically; but the first—absolute discontinuance of the use of milk—I regard as of prime importance.

Of course, it will be understood that attention to securing fresh air, and to other hygienic measures, is also desirable.

It is altogether probable that an amount of poison which would escape chemical detection, might be sufficient to produce poisonous effects in children.

The Local Use of Liquid Ergot, Normal, in Chronic Gonorrhœa.

Dr. J. HARVEY CRAIG thus writes in the *Med. Age*: Hearing of the success of Dr. N. V. Speere, of Quincy, Ohio, in the treatment of gonorrhœa with local applications of normal liquid ergot (such as that prepared by Parke, Davis & Co., of Detroit), and realizing the need of some more satisfactory remedy in the treatment of this disease in its many stages, I resolved to see if the same good results would follow in my own practice, and therefore vowed that the next case of chronic gonorrhœa that came under my care should have the benefit of the experiment. In a day or two the opportunity presented itself.

Case I.—A young man, a salesman in one of our large manufacturing establishments, had suffered long and suffered much. He had tried all the "patents," "Big G's," etc., to be had, and had also received "rational" treatment from one of our regular physicians. All this availed him nothing. After hearing his story, and knowing him to be a young man of temperate habits, never indulging in alcoholic stimulants, and observing a proper diet for so long a time, "my heart almost failed me." I concluded his was a very bad case. Nevertheless, I grimly determined to do what I could, recognizing the fact that success is not without effort.

First I introduced a large sized bougie, finding no difficulty in doing so. H, complained, however, of pain, as the instrument was passing. After satisfying myself that no stricture was present, I gave him a small vial of normal liquid ergot, instructing him to use for an injection one part of this to four parts of water (distilled), once daily for a week, and at the end of that time (or sooner if he chose) to report progress. Did not see him again for about ten days, at which time he called to report. He very abruptly exclaimed "What the — was that you gave me?" I made some evasive reply, as I feared my treatment had proved disastrous in some way. Finally he said: "Well, I spent over \$35.00 on this business before I came to you, and this little vial cured me up." He remarked that after the first application he could notice an improvement, and at the end of the fifth day he was entirely free from discharge and pain.

Case II.—Thos. W., single, cabinet maker, had contracted gonorrhœa about

three years ago. Had received rational treatment, but was not benefited. He came to me for treatment about the last of May, 1886. This was a very obstinate case, but finally yielded to treatment and was discharged cured, July 30 1886.

Case IX.—John H., a moulder, single, had had gonorrhœa about one year. This case was very much like case one, except that the patient was intemperate. He was kept under treatment for about four weeks, owing to the fact that he would get drunk. This retarded the cure in his case.

Cases three, four, five, six, seven, eight and ten, yielded readily to treatment, and were discharged cured within from six to nine days.

Since then I have used it repeatedly and with the same good results. I have a little army here that would, if they knew upon whom to shower their blessings, bless the man that made the experiment of using local applications of normal liquid ergot in chronic gonorrhœa.

We need not, however, confine ourselves to its use in the treatment of chronic gonorrhœa, but can also use it in the acute stage. My experience in its use in the acute stage is not sufficient to warrant me in advocating its use to the exclusion of the usual remedies.

An object in making this report is to place the treatment before the medical profession, for their possible benefit, for I believe this drug to be worthy of special consideration, being confident that its proper use will be the means of helping us out of our embarrassment.

In closing, permit me to state briefly my reasons for using Parke, Davis & Co.'s "liquid ergot normal." It has been represented to me that the manufacturers, having once ascertained the average amount of active principle contained in ergot of good quality, have adopted this as a standard; each parcel of their "liquid ergot normal" is made to conform with this strength, so that the active principles of 16 ounces of such standard ergot will be represented by 16 fluid-ounces of their finished preparation; that they "have rejected those principles which long experience has demonstrated to provoke undesirable action," and that they "lay particular stress on the value of this liquid for administration hypodermically."

Recognizing the importance of uniformity and purity, I was ready to make trial of this preparation, rather than the ordinary fluid extract. I was also influenced by my knowledge of the fact that Dr. Speere had used it with success. I was pleased to find this preparation of ergot miscible with water, and that it made an elegant solution for injection.

Advancing Hypertrophic Lesions, almost Congenital, and Limited to the Ulnar Region of one Hand and Forearm.

Mr. JONATHAN HUTCHINSON thus writes in the *Brit. Med. Jour.*, May 22: The subject of the following narrative was an intelligent young farmer, aged 34. His hand presented a peculiar condition. At first sight, it might have been thought to be the seat of multiple cartilaginous tumors in the phalanges and metacarpal bones. But on more minute examination, the lumpy swelling (which affected the little and ring fingers, and the ulnar part of the hand) were found to be, in part,

hypertrophies of cellular tissue and skin, and in part bony outgrowths. There was also ankylosis of two of the phalangeal joints of the little finger, and of one, the second, of the ring finger. These fingers were, both of them, bent downwards to the palm, and there fixed. They were fixed by the ankyloses of their joints, not as in Dupuytren's disease, by any contraction of their fascia. The hand looked much wider than its fellow, and measured in girth round the knuckles two inches more. There was also an increase in the girth of the wrist of three-quarters of an inch, as compared with the other side. The bony outgrowths were near to the articular ends of the bones; they were low and sessile. The exact appreciation of their shapes was rendered difficult by the hypertrophy of the soft parts over them. There were thick ill-defined pads of hypertrophied subcutaneous tissue, and the skin itself was thick and horny. My patient told me that he had been assured by his mother that nothing was noticed amiss with the hand at birth. It was not until he was three or four years old that the thickenings were observed.

A very remarkable feature in this case, is the restriction of the disease to the ulnar region, and to the little and ring fingers. That this restriction is due to the distribution of the ulnar nerve seems improbable, for there is no defect of sensation, and the whole of the ring finger is affected, not alone its ulnar side. There is even a small pad of hypertrophied cellular tissue in front of the middle finger. The localization of the changes is, perhaps, due to some cause more analogous to that which induces arrest of development of certain associated parts, as when the radius is wanting together with the thumb and forefinger. The man's belief that the condition was not congenital, is by no means conclusive. It is true that it was first noted at the age of three; but, in all probability, some peculiarity of the parts which led to these strangely progressive changes of growth was present at birth.

On passing the finger up the ulna, at several places, the bone seemed somewhat thickened and enlarged. The olecranon projected much more than its fellow, and seemed to be thicker. I speak cautiously as to there being any real enlargement of bone, because there was a bursa over the olecranon, and the subcutaneous tissues along the course of the ulna presented little masses of ill-defined induration. I believe, however, that the bone was in the general condition of slight hypertrophy, which was more pronounced at some parts than others. The patient had been under the care of different medical men, and had taken a good deal of medicine under the diagnosis of gout, from which his father had suffered. There did not appear to be, however, any reason for believing that the changes present were in any way directly connected with that disease. They were slowly progressing, and the patient was in great anxiety lest his hand should become more disabled. I suspected that the enlarged bursa under his olecranon was due to some pressure on a table or chair-arm. He assured me that he never sat in an arm-chair, "except on Sunday afternoons," but added, in confirmation of my opinion, that it was on one of these occasions that pressure on the elbow had first caused him pain.

The only case really analogous to this which I have seen, was that of a certain Miss B. In Miss B., the little and ring fingers of one hand have undergone changes almost precisely similar, being made lumpy and distorted by enlarge-

ment of the bones, and of the soft parts over them. She also inherits gout, and has a very feeble circulation. The latter feature is so marked, that, when I first saw her hand, I was inclined to attribute the changes to a sort of periosteal chilblain limited to these two fingers, due to some peculiarity of innervation in connection with the ulnar nerve. The investigation of this second case, however, leads me to doubt this hypothesis, and inclines me to refer them both to some more obscure and congenital defect in developmental tendency. They are exceedingly different from Dupuytren's contraction of fascia, not only in that they both began in very early life, but also in their final results. Yet we may perhaps profitably keep in mind that the same fingers are affected in the two affections, and that the disease advances in a not dissimilar manner. Nor must we wholly forget that, in each case, the parent had suffered from gout, although it is very difficult to trace any connection with that diathesis.

Typhoid Fever.

Before the Chester (England) Medical Society (April 2) a discussion took place upon a communication read by Dr. EDWARD WATERS, "On the Communicability of Typhoid Fever." In this, he opposed the teaching of the spontaneous generation of the virus of the disease, and consequently impugned the pathogenic theory advocated by the late Dr. Murchison. Dr. Waters maintained the existence of a specific *materies morbi*, by and through which the disease was generated and propagated, and denied that putrefying excreta, sewer-gas, noxious smells, *per se*, could create the disease, but held that the germ or fomites must also be present; which germ might be lodged in, and propagated by means of, faecal matter, clothes, water, milk, and other media, as in the case of other contagious diseases. He narrated the particulars of a very striking instance of the spread of fever from the milk of one dairy, and another of the introduction and subsequent diffusion of fever in an isolated and previously exempt locality; and from these, in connection with other facts, he inferred that cases of typhoid fever must be included in the category of contagious diseases, and demanded similar restrictions in the use of public carriages for their removal. He brought the subject forward, owing to his having found the opinion not unfrequently held by members of the profession, that no risk of contamination was incurred by communication with persons afflicted with typhoid fever. In support of the view that the disease was not due to sewer-gas and putrefying excreta, he adduced various instances of persistent exposure to such influences with impunity, which had sufficed to convince him.

In conclusion, he referred to the present prevailing belief that typhus fever was a fearfully contagious disease, and maintained that such was not the case, and that it was an impression rather than a fact. In proof of this, he mentioned, *inter alia*, the rule that had existed in the Royal Infirmary of Edinburgh, in the time of the late Professor Alison, of mixing cases of typhus with other patients, in the proportion of four beds in a ward of sixteen, or, at the most, eighteen beds. No antiseptics were used; no precautions were taken in dealing with the disposal of the excreta; the only difference made was a slight increase in the space between the fever and the other beds. These patients went through their typhus, and, when convalescent, sat at the same fireside with the other patients;

and yet such was the immunity from the spread of the disease through this intercourse, that Professor Alison enunciated the opinion that, if all cases of typhus could be thus judiciously distributed, the disease might possibly be got rid of.

Dr. Dobie, in opening the discussion, said he agreed with Dr. Waters in believing that typhoid fever took its origin from a *contagium virum*, which produced this fever, and no other. He considered that there was a gradually deepening belief, among the members of the medical profession, that decomposing excrement and sewer-emanations could not produce enteric fever, unless commingled with these organic germs. He believed that enteric fever, though properly ranked in the category of contagious diseases, was scarcely ever propagated by direct contagion, but nearly always indirectly, by eating, drinking, or inhaling the emanations of the stools, modified by some fermentation or decomposition outside the organism. He considered that the experience of the London Fever Hospital was quite conclusive as to the innocuous character of fresh typhoid evacuations. He believed that the cases on which Dr. Waters specially relied, as proving the spread of the disease by the "rubbing together process," could be quite well explained, without having recourse to the theory of direct contagion. Dr. Dobie's observations, during his two years' residence in the Edinburgh Infirmary (1852 and 1858), led him to the conclusion that typhus was a virulently and directly contagious disease. Neither he, nor any of his contemporary resident physicians, escaped the malady. He showed that the mixing of fever-patients, in the clinical wards, permitted for some years by Graham, Alison, and Christison, was, in 1849, followed by lamentable results; seven of the general patients and three of the clinical clerks were prostrated by typhus, and several died. Dr. Hughes Bennett, about the year 1855, again tried the experiment, but, in the words of Professor Gairdner, then physician to the infirmary, "the results were disastrous," and, from that time to the present, no mixing of typhus with ordinary cases has been permitted in the Edinburgh Infirmary. Dr. Dobie, though he believed that there was little danger to the attendants, or others, from direct contact with enteric cases, did not advocate any changes in the existing law, as to the transportation of typhoid cases in public conveyances.

Mr. Kenyon thought typhoid fever was much spread by washerwomen taking in the soiled linen of patients. He considered that a subsoil, even if it contained much organic matter, was not a source of danger if well drained.

Dr. Weaver, Mr. Hamilton, Mr. Granger, Mr. Archer, Surgeon-Major Tomlinson, and Dr. Roberts, continued the discussion.

In reply, Dr. Waters, at the succeeding meeting of the Society, on May 7th, supplemented his statements by referring to the experience of others, and especially to the work of a Commission of the French Academy, in support of his belief that typhoid fever was contagious in a remarkable degree, spreading in the same way as small-pox and other exanthemata.

Case of Thoracic Aneurysm Relieved Without Operation.

Dr. EVERARD HOME SAUNDERS, thus writes in the *Lancet*: Cases of thoracic aneurysm so seldom being relieved by constitutional treatment or operative interference, the following, under observation here since January, 1885, which by the kind permission of Fleet-Surgeon D. O'Connor, M. D., R. N., I am able to forward, will doubtless prove of interest to the profession and worthy of record.

William F——, aged fifty-three; a naval pensioner, twenty-four years' service, the larger part of which was passed on foreign service; a widower; fair complexion, healthy appearance, of abstemious habits; good family history; has always enjoyed good health; no history of syphilis, gout, or rheumatism. Three years ago the man received the following injuries by a cart on which he was standing overturning, throwing its contents (a ton of copper sheeting) on him, and severely contusing the left hip, right shoulder, and chest, and fracturing the left tibia and fibula at the lower third. In January, 1885, he first commenced to complain of pain affecting the right lung at its apex, together with slight cough and bronchitic expectoration. These symptoms soon subsided, and he returned to duty, that of a laborer. In the following May he presented himself, suffering from laryngeal cough, giddiness in the head, and pain of a gnawing character through the right chest to the scapula, over the right shoulder-joint, and extending up the side of the neck, face, and right temple. He was unable to lie down or sleep on account of the pain, together with a feeling of impending suffocation, nor was he able to undergo the slightest exertion without discomfort. There was no complaint of dysphagia, no numbness or tingling sensations in the limb, no swelling or œdema of the right arm. He had never spat blood.

On examination there was found undue prominence over the right sterno-clavicular articulation; also dulness on percussion extending from the clavicle downwards to the upper border of the third rib, laterally from the left border of the sternum for a distance of two and a half inches towards the right shoulder-joint; visible pulsation in the right subclavicular region, and a pulsating tumor of a rounded form situated behind the right sterno-clavicular articulation; the right pupil more dilated than the left, the right radial pulse less marked and feebler than that of the left side. There existed a patch of cutaneous congestion over the most prominent part of the tumor. No bruit; heart-sounds normal; no distension of superficial veins.

The symptoms becoming aggravated, the patient unable to assume the recumbent posture, pain increasing in severity, and not being able to obtain sleep, he was sent to the Royal Albert Hospital, and admitted under the care of Mr. Leah. Rest in bed, starvation diet, or, in more pleasing words, a modified Valsalva's treatment, subcutaneous injections of morphia to relieve the agonizing pain and procure sleep, and the internal administration of the iodide of potassium up to fifteen grains three times a day, formed the treatment. As the patient was unwilling to undergo an operation (which was merely suggested to him), and his bed was required, he was discharged on June 30th, 1883. Although no appreciable alteration took place as regards the tumor and the symptoms whilst an inmate of the above institution, he from the time of his discharge steadily improved.

The treatment with the iodide has been continued. There appears to be no doubt as to the present condition of the tumor, which is decreasing in size, and presumably undergoing spontaneous cure.

On reference to several works on the subject of aneurism, I find but few recorded cases where such marked benefit has taken place in so brief an interval, under constitutional treatment—viz, those of Bouillaud, Tuke, Andral, Nélaton, and a more recent one recorded by Dr. Roberts of Manchester. Whether the commencing lamination (primary) took place during the patient's sojourn in hos-

pital, whether entirely or in part due to the restricted regimen, to the iodide of potassium (which, I believe, is now credited with the power of increasing the coagulating powers of the blood), or to all these circumstances combined, it would be hard to form an exact opinion; but the case teaches us that in favorable subjects we may expect now and again to derive marked benefit, if not permanent cure, without operative interference, which is only done in desperate cases as the last resort, and almost invariably proves fatal.

A Case of Delirium Tremens Caused by Chewing Tea.

DR. W. B. SLAYTER thus writes in the *Lancet*: On November 10th, 1879, I was summoned by a lady to see her female servant. The girl complained of sleeplessness, nervousness, and repeated twitchings of the muscles of the face and extremities, which would continue for several minutes at a time. These symptoms had been present for several months previously. Her mistress informed me that the girl had been acting strangely for several days. She was wandering in her mind at times, and imagined people and evil spirits were about her seeking to do her harm. She had not slept for several nights, and on one or two occasions had been found at night wandering about the house. Pulse 96 and small; tongue dry and brown; eyes suffused; irregular action of the heart—weight at præcordia; sallow complexion. A dose of bromide of potassium and hydrate of chloral gave her a good rest for the night, and next morning she was sent home to her mother.

At 4.30 a. m., on the 13th I was again summoned to see her. Some men had found her walking about one of the wharves of our city, in the neighborhood of her mother's house. They tried to persuade her to go home, but she broke away from them and endeavored to jump off the end of the wharf, when she was caught and taken to her home. I found her with a pulse of 110°, a very dry and brown tongue, suffused eyes, no marked increase of temperature, violent delirium, and tremulous hands and arms—in short, the well-marked symptoms of delirium tremens. Her mother informed me that she had complained of a good deal of pain in the abdomen, and on examination I found a smooth, quite hard tumor in the right iliac region, half as large again as an ordinary orange. Owing to the violent delirium I was unable to find out whether it was tender to touch or not. A hypodermic injection of morphia somewhat relieved the nervous symptoms. A brisk cathartic brought away a mass of hardened feces, followed by a large quantity of a thickish tarry-looking excreta, which seemed to be made up of tea-leaves in different stages of maceration, quite a large proportion, probably a third, being tea-leaves quite unchanged in appearance or color. Bromide of potassium and chloral in a few days quieted the nerve-centres; good nursing, proper diet, and tonics soon restored the patient to her usual health. After the action of the cathartic I found the abdominal swelling somewhat lessened in size, but it was not until several doses at intervals had been administered that the tumor entirely disappeared. After each dose a quantity of tea-leaves were expelled. In about three weeks the evacuations were normal in appearance, and her general health was fairly restored.

I had lost sight of this patient until October last, when I was once more summoned to see her. It is not necessary to again enter on a history of the case.

The same well-marked symptoms of delirium tremens were present; there was no tumor to be found, but the evacuations contained a plentiful supply of tea-leaves. The same course of treatment soon restored her to health, and I trust a longer continuance of tonics and building-up treatment may succeed in preventing a recurrence of the symptoms. The patient informed me that when about seventeen years of age she went to one of the New England towns to work in a factory, and there contracted the habit of chewing tea—a habit, she stated, quite common amongst the factory girls. She thought she chewed on an average about half a pound of tea daily, and some days more. It made her feel better able to work. Of course, as to quantity her estimate may not be depended on. She had never been addicted to alcoholism, and ascribed her attacks solely to the tea-chewing. She tried to give it up, but felt so nervous and fidgety as to be compelled to return to the old habit. This second attack caused me to copy from my case-book the notes taken at the time. The only points of importance are the *cause* and the *repeated and continuous muscular twitchings*. Of course most physicians have met with many cases of great nervousness and fidgetiness occasioned by excessive tea-drinking, but I cannot find any record in any of the works on medicine or materia medica within my reach of such severe symptoms being induced by tea-chewing. Ringer tells us that “the Physiological Committee presided over by the late Dr. Hughes Bennett concluded that the *motor nerves are unaffected*.” The long-continued repeated muscular twitchings would seem to contradict this portion of the committee’s report.

A Note on Cyclic Albuminuria.

DR. WILLIAM COLLIER thus writes in the *Lancet*. The following case may prove of interest in connection with Dr. Pavy’s recent paper, reported in the *Lancet* of March 6th, on Cyclic Albuminuria.

I was recently called to an undergraduate who was suffering from epistaxis. In answer to inquiries I learnt that for some years he had had at intervals similar attacks, which as a rule proved difficult to stop, though bleeding from other parts of the body, the result of cuts, or after the extraction of teeth, was easily controlled. The last attack of epistaxis occurred twelve months previously. He also mentioned that a brother and sister were at times troubled with epistaxis. The bleeding was on this occasion easily controlled by the use of alum. Two days later I was again sent for, and informed that the bleeding had returned early in the day and had been very troublesome. On asking for a little of his urine, the patient at once volunteered the following information. Three years ago, when at Rugby School, after getting a chill, albumen was found in his urine. Twelve months ago, when thinking of becoming a candidate for the Indian Civil Service, he underwent a medical examination, and was warned that he would probably be refused, as his urine contained albumen. In consequence of this advice he gave up the idea. Since the first appearance of albumen three years ago his general health had been good and he had led a very active life, having on two occasions run in the Rugby-Crick (the annual long-distance cross-country steeplechase), and had gone in for long-distance running at Oxford. His condition was as follows:—Complexion pale; tongue clean; pulse slow and resisting. Heart: slight accentuation of second sound; no evidence of hypertro-

phy. Lungs healthy. Urine passed at the time of my visit (about 5 p. m.,) was acid, sp. gr. 1030, contained a large quantity of lithates, and with the nitric acid tests showed about one-eighth albumen. I requested him, as is my invariable custom, in accordance with Dr. George Johnson's teachings, to send me a specimen of urine passed the following morning immediately on rising. On testing this with the ordinary nitric acid tests, I could find not the slightest trace of albumen, though the tests were carefully repeated several times. Another specimen, passed about 1 p. m., on the same day, contained about one-eighth albumen. The microscope showed the presence of amorphous urates, but no casts could be found. As the patient was feeling very ill, and had been for the past few days much troubled with headache, I advised him to return home. He left Oxford the same afternoon, and I have not as yet heard from him.

The case is very incomplete, and as I had only one opportunity of testing the morning urine, I should not have reported it had it not seemed to me to suggest that possibly some of the cases remarked on by Dr. Pavy may at the end of another year or two develop all the usual symptoms of chronic Bright's disease. I cannot doubt that, in spite of the patient's apparently sound health until within the last week or two, the headache, epistaxis, high-tensioned pulse, slightly accentuated second sound of heart, and albuminous urine from which he suffered, were all secondary to slow changes in the kidneys, the result of the chill taken when at Rugby three years previously. Nor is it improbable that had I had frequent opportunities of examining his early morning urine, I should have found in such specimens, as in my former examination, an absence, or at the most a very faint trace, of albumen. On referring to my notes of the clinical lectures given by Dr. George Johnson while I was a student at King's College Hospital, I find the following remarks in a lecture delivered June, 1879, on Practical Matters connected with Bright's Disease:—"Remember, also, to test urine both after food and exercise, as it frequently happens that scarcely a trace appears in the urine voided before breakfast, while a large quantity may be present in that passed an hour or two after. *Exercise* may cause the presence of albumen when the urine is unaffected by food." In proof of this Dr. Johnson related the case of a medical man suffering from chronic Bright's disease who found albumen after exercise, but never after food if he *rested*. While house-physician to the Wolverhampton Hospital, in which district cases of acute and chronic Bright's disease are very common among the stokers and hammerers at the various iron-works, I had ample opportunity of testing the value of Dr. Johnson's teaching, and can recall more than one case in which the urine was most markedly influenced by rest, containing only the slightest traces in the early morning, but considerable quantities in the middle of the day. Such facts would suggest the danger of disregarding the continued presence of albumen in the urine at certain periods in the day, in spite of the absence of symptoms—unless, at any rate, it had existed a considerable number of years.

A Case of Urticarial Asthma.

Dr. T. DAVIES PRYCE thus writes in the *Lancet*: James R——, a lad aged sixteen, was admitted an out-patient of the Nottingham Dispensary on October 19, 1885, suffering from symptoms referable to a phimosed condition of the prepuce.

He was at that time a fairly well nourished boy, and had been subject to no other diseases than those incident to childhood—*i. e.*, measles, etc. On the 28th he was operated on for phimosis. When seen on the 30th, there being a swollen condition of the penis, a linseed poultice was ordered. Shortly after the application of this poultice the patient complained of great irritation, itching, and tingling of the skin, first over the part to which the linseed had been applied, and subsequently over the whole surface of the body. This was followed by an eruption of urticaria, which, starting on the abdomen, extended to the head and neck and other parts of the body. Simultaneously with this cutaneous eruption—and even with the irritation which preceded it—the patient experienced considerable difficulty in respiration, which increased in direct proportion to the amount of the urticarial rash, developing into actual dyspnœa when the eruption had attained its height. This condition continued for nearly three hours, with fairly marked intermissions both as regards the rash and the difficulty of breathing. The cessation of dyspnœa was followed by slight expectoration. The rash and the asthma coincidently subsided. Another attack occurred at 5 p. m. on the same day, lasting three hours. On the 31st similar attacks occurred at 11 a. m. and 5 p. m. He was seen when recovering from the morning illness. An inspection of the oral and nasal mucous membrane was omitted. On November 1st the same condition was present. The patient had had three attacks during the course of the twenty-four hours. On the 2d the dyspnœa and urticaria were as before. On the 3d he was visited at 11 a. m., and found to be covered with an urticarial rash of characteristic appearance and suffering from a typical attack of asthma. The patient had to be supported in the sitting posture, and exhibited the usual signs and symptoms of an asthmatic attack. The pulse was small, quick, and feeble, beating 120 to the minute; the temperature 100°. The mucous membrane of the nasal and oral cavities was carefully inspected, and was found to be swollen and red in places. These swellings in some parts were diffuse, in others they possessed a more or less circumscribed border. They could be seen on the posterior wall of the pharynx, and also on the soft palate. Had it been possible to use the laryngoscope, I have little doubt that they would have been discovered in the larynx. The voice was subdued and husky, the patient only being able to speak in a hoarse whisper. The patient had a similar attack during the following night. He was ordered a saline with arsenic, after which there was no recurrence of the rash and dyspnœa.

The family history was good; no account of asthma, phthisis, or neurotic tendency. I believe from the foregoing details that most observers will agree with me in terming the disease now under consideration "urticarial asthma."

This case is of interest in more than one respect. In the first place, it brings clearly to the front the fact that sometimes asthma may be caused by the presence in the mucous membrane of the respiratory tract of swellings of an urticarial nature, they bearing a strong similarity to those which simultaneously appeared on the cutaneous surface. Secondly, the fact that urticaria and asthma may occur as one and the same disease, or as one and the same external expression of a certain condition of the blood or nervous system—as evidenced by the similarity of the eruption, and by the simultaneous appearance of both these phenomena—induces the consideration of the great resemblance which exists between

these two diseases. Thus, with regard to causation, asthma (peptic variety) may result from taking certain articles of food, from indigestion, &c.; so may urticaria. Mental emotion, various irritations, and uterine affections may alike cause asthma and urticaria. The periodicity of attack in asthma and urticaria is sometimes marked. Both diseases are evidently of a neurotic nature. Thirdly, cases of urticarial asthma may be looked upon as occupying an intermediary position in reference to the seat of the disease, between hay and so-called ordinary spasmodic asthma. Thus, in the case described the disease was located not more or less exclusively in the nasal cavities and pharynx, but evidently extended some considerable distance down the bronchi, as shown by the ordinary signs of spasmodic asthma. Fourthly, with regard to the cause of the attack, the operation for phimosed prepuce or the application of adulterated or impure linseed seem to me the most probable. Looking at the above considerations, one is led to inquire whether many of the cases of so-called spasmodic asthma are not due to swellings of a more or less circumscribed character of the bronchial mucous membrane, which bear a greater or lesser resemblance to the eruption of urticaria. This view (i. e., that asthma is a neuro-vascular disease) has been strongly insisted upon by Sir Andrew Clark, and also to some extent by Weber. Bases such as the one above described, and the consideration of the close alliance which in many respects exists between urticaria and asthma, seem to lend support to Sir Andrew Clark's theory.

Treatment of Diphtheria.

Dr. WM. J. CRITTENDEN thus writes in the *Virginia Med. Mo.* for April: When I began the practice of medicine, I (following the teachings of Lusk and others), was a warm supporter of the view that diphtheria was a local disease, or at least primarily so. But after more extended research, maturer thought and abundant clinical observation, I am fully satisfied that it is a constitutional disease, and the lesions found are only local manifestations of the malady.

I will, for convenience, divide the treatment into *Local*, *Constitutional* and *Supporting*.

Local Treatment.—In the early stages, I have found no treatment so efficient as salicin blown into the throat every two or three hours, lessening the intense congestion of the parts, relieving the irritability, and also acting as a tonic. It is in this stage, as soon as the whitish exudation makes its appearance, that thorough and complete cauterization of this exudation seems to arrest the progress and abridge the duration of this disease. Later on, I use a gargle of chloral hydrate and carbonate of ammonia, ten grains of each to the ounce, and alternate with a gargle of lime water, as strong as it can be borne by the patient. The throat should be gargled every hour or two with these solutions alternately, and always before eating or drinking. If the membrane seems to be fast detaching itself, I use a mopping solution of chloride iron, chlorate of potash and lime water. The interval between each mopping must be determined by the rapidity with which the exudation is separating itself. Care should always be taken not to allow the patient to swallow any of this exudation, as it will be digested as food.

In small children who can not gargle their throats, I use a spray of lime water

in lieu of the gargling solution, and I also use the above mentioned mopping solution. I think it can be safely said that no local application should be used which will cause vomiting or pain beyond five or ten minutes. In the late stages of the disease, I use a gargle of carbonate of ammonia, and if there is any fetor, I use "Listerine" to correct this.

Constitutional Treatment.—Quinine is an eligible tonic in all stages of the disease. I also find the following to act well.

R—Hydrarg. chlorid. corrosiv. gr. j.
Tinct. ferri chloridi ℥j.
M. S.—Dose, ten drops every three hours for a child six years old.

I frequently combine quinine with this prescription. As soon as there is the least failure of the vital powers I use free doses of carbonate of ammonia. The kidneys seem to suspend their functions, very little urine passing. In such cases bicarbonate of potash combined with tincture of digitalis will relieve this trouble. Moreover, the digitalis will tend to quiet the restlessness and prevent the rapid, thready, feeble pulse. Diarrhœa claims astringents, such as bismuth or bismuth and pulvis opii; cough should be allayed by appropriate treatment. For the irritable stomach, counter-irritation with mustard, iodine or an aromatic plaster. Drop doses of iodine act well to quiet the stomach. But a host of other remedies to check the vomiting may be tried seriatim.

After convalescence is declared, a tonic of iron, quinine and nux vomica should be used. If any paralysis be present, use strychnia, phosphorus and electricity.

Supporting Treatment.—First in importance is alcohol, which should be given to its full extent or as much as the patient will bear.* I have given an adult one ounce of whiskey per hour for seventy-two hours without the least sign of intoxication. Milk punch is an excellent form in which to give alcoholics. Valentine's meat-juice and glycerine, coca, beef tonic, milk, beef tea and the most nutritious food which can be made should be given.

Diphtheritic Croup.—Frequently is the practitioner called to treat this, the most formidable of the extensions of the diphtheritic membrane. I have never met with a case after the seventh or eighth day of diphtheria. It is here our treatment must be heroic, and that with which I have had the greatest success is calomel, carbonate of ammonia and tannin. For a child 8 years old I commonly use the following:

R—Calomel ℥ss.
Carbonate ammonia gr. x.
Tannin gr. ij.
M. S.—Give every hour.

The tannin is used simply to prevent salivation by the calomel.

As soon as distinct rattling is produced, I use an emetic of sulphate of zinc.

* In a case of diphtheria some years ago, under the care of the Editor, a pint of best rye whiskey was daily given a child nine years old for two days. At no time could either the intoxicant effects or odor of whiskey upon the breath be detected. The child recovered. Afterwards a single dose of less than a tablespoonful of the same brand of whiskey, injudiciously given by the mother, made the child drunk. Whiskey is undoubtedly a valuable remedy in diphtheria, but not in croup.

The room should be kept in a complete fog of lime vapor, produced by the slacking of lime. Whiskey should enter into this treatment sufficiently to stimulate the patient well. It is a mistaken idea to vomit the patient so much, as it defeats the main end to be kept in view—*support*. Vomiting should not be resorted to unless we find that there is something loose in the bronchi, trachea or throat, which will cause rattling. After the patient begins to vomit the membranes, expectorants and supporting treatment are indicated. In small children care should be used lest a piece of loosened membrane should cause suffocation.

Failing in the above line of treatment, I should most undoubtedly resort promptly to tracheotomy.

Hypertrophy of the Male Mammary Gland during Phthisis.

Dr. JAMES E. BLOMFIELD thus writes in the *Practitioner*: In the following pages I wish shortly to call attention to a condition of the male mammary gland arising in the course of pulmonary phthisis, which seems to have some relation to the disease the exact nature of which it is hard to define; but perhaps when attention is directed to it, and some histological researches have been made, we shall know more about it. It consists in a uniform enlargement of one or both of the mammary glands, accompanied by pain and tenderness. It appears to be of quite a different nature from the tuberculosis of the breast described by several surgeons.

Attention was first called to this condition at the recent meeting of the French Medical Association at Grenoble (1885), in which it was made the subject of a paper by Dr. Leudet. He described three cases that had come under his observation, and since that date he has reviewed the subject in the *Archives de Médecine* for January, 1886, with the addition of two new cases. I propose shortly to give an account of his paper, and then describe a case which has fallen under my own observation.

The first case described by Dr Leudet was that of a mason who had for some time presented marked signs of phthisis, when he complained of pains in his left breast, and stated that the pressure of his shirt in that region gave rise to a good deal of pain. On examination it was found that the breast was much increased in size, and gave to the fingers the idea of a disc four centimetres in diameter freely movable on the underlying tissues. There was no enlargement of the glands in the axilla or in the neighborhood of the mamma, and the skin over the gland presented no alteration of color. After the enlargement was observed it gradually diminished, till in two months' time, at the discharge of the patient, it was reduced by one-half.

The second case was a man who had a chancre, but no other evidence of constitutional disease, in whom the progress of the phthisis was watched from the year 1878 to 1885, when in the month of February of the latter year he complained of pain in the left side, and it was found that the breast of that side was a disc of four and a-half centimetres in diameter. There was no adherence to neighboring parts, and the skin above it was normal. There was no ganglionic enlargement of any kind, and the right breast was of the ordinary size and appearance. The left breast was the seat of a spontaneous pain devoid of any radiating

character. The enlargement slowly diminished till three months later the disc measured two and a-half centimetres, and in five months more had regained its ordinary condition and appearance.

In the third case the enlargement was on the left side, and attained the diameter of four centimetres. The right breast was normal. The case was complicated by an abscess in the side not in connection with the breast. The patient died during the enlargement of the gland, and at the autopsy no naked-eye evidence of alteration, beyond the increase in size, was obtained; but unluckily the gland was lost before any microscopical observations had been made.

In the fourth case both glands were attacked, but the left one first. The superjacent skin was rather red. They attained the diameter of four centimetres. They were not exactly painful except on pressure, but gave rise to an uncomfortable feeling of tension, which the patient aptly compared to the pain felt in the breast on attaining the age of puberty. In a month and a half the enlargement had nearly disappeared.

The fifth observation concerned the left breast only; it was of a similar character to the others.

It should be noted that in all these cases the phthisis was of the most pronounced character, and in each case the condition of the lungs, as revealed by physical signs, is minutely given, but I have thought it better to omit them for brevity's sake. According to Leudet's conclusion this phenomenon would appear to be an affection of the male mammary glands consisting in a general augmentation of volume, without local induration, without any coloration of the skin, without adhesions, and without any axillary glandular enlargement, accompanied by a non-radiating spontaneous pain. The commencement is unknown, one gland is generally attacked. It increases in size slowly, and then decreases. It never gives rise to suppuration. The explanation that he offers is that it is connected in some way with the internal inflammatory process in the neighborhood of the gland.

I will now describe the case which has fallen under my own observation. For permission to do so I am indebted to Dr. Faure Miller, in whose service at the Hertford British Hospital, Paris, the case occurred.

Henry B., a coachman by profession, aged fifty-six years, was admitted on the 27th of November, 1885. He gave a history of a cough of about three years' standing, and on examination was found to present the signs of chronic phthisis. He complained of his breasts being painful and tender, and on further examination they were found to be considerably enlarged, about the size of a crown piece, disc-like in shape, with well-defined edge. The nipples were rather red and prominent, the glands were freely movable on the adjacent tissue, and there were no glandular enlargements. Manipulation was rather painful. No liquid of any kind could be squeezed from them. The enlargement appeared to be perfectly uniform, and the gland of one side was exactly similar to that of the other.

As a boy, patient's breasts were quite normal, and nothing peculiar was noticed about them till six months before the date of admission, when the one on the right side, which patient remarks has always been his weak side, was found to be tender to the pressure of his ordinary clothes. Previous to this his chest had been painted with tincture of iodine and rubbed with various liniments.

Since November to the present month (February) the glands have remained in much the same condition, except that they are softer and the edge cannot be so easily felt. On one occasion a small drop of serous fluid was squeezed out of the nipple, which under the microscope showed nothing but epidermal cells.

I can offer no explanation of this condition, but the fact that many frictions had been applied to his chest should not be lost sight of, for as is seen in the customs of some of the lower races of man, repeated manipulations are capable of calling the male breast into activity, and this might be the commencement of the process.

Cirrhosis of the Liver Presenting Unusual Points of Interest.

Surgeon-Major F. P. STAPLES thus writes in the *Lancet*: A short while since I was asked by my friend Dr. Patron, of this city, to see in consultation with him H. R——, a young man sixteen years of age, suffering from ascites, and who had been ill with that symptom for about two months. With the exception of the abdominal superficial veins not being much enlarged, the clinical characters of the dropsy were those of liver cirrhosis, and this opinion was strangely supported by the family history of the patient. Twelve months previously an elder brother had died of that disease, and a necropsy had confirmed the diagnosis; about a year previously to that event a sister succumbed to the same malady, and in her case also the disease of the liver was verified by post-mortem examination. In the case under notice the onset of the disease was very insidious, and it was not marked in any way by pain or other symptom of acute disease. Its progress was characterized rather by a gradual failure of health, and the first tangible symptom observed by his friends was his increasing abdomen. In coming to a diagnosis, we found some slight increase of the splenic dulness, and, as the patient had recently resided in a somewhat marshy district, Dr. Patron suggested an examination of the blood, to the results of which it will perhaps be most convenient next to allude. Altogether three examinations were made—viz., one at the period of the case first referred to, one about six weeks afterwards, and a third about ten days before death, which occurred in about three months from the date of consultation. In the first examination there was an enormous excess of the colorless corpuscles, and these without exception, apparently were covered with processes of projections which gave them the appearance of the dried fruit of the black pepper. I did not observe the amœboid movements of these processes described by Mr. Wharton Jones, but my examination was purely a clinical one, and, had it been sufficiently prolonged and repeated, no doubt I should have done so. In addition to these large cells, which almost filled the field of the microscope, there was also a number of molecules or granules, but the normal red corpuscles of the blood were not to be distinguished. In the second examination the large cells were still visible, but they had almost lost the cell or globular shape. They were for the most part somewhat triangular in outline, the process forming the angles being more or less blunted, and the sides deviating somewhat, generally outward, from the straight line. In the third examination the large cells had entirely disappeared, and the field was entirely occupied by amorphous particles in a plasma having a distinctly yellow color.

It will be convenient next to complete the clinical history of the case. From

the period mentioned its progress was very rapid, and in about two months it was necessary to perform paracentesis. The usual relief to the embarrassed organs of the thorax followed this operation, but the patient suffered considerably from abdominal pain for about a week afterwards. The fluid reaccumulated with great rapidity, and in six weeks or thereabouts there was again necessity to tap him, but the performance of the operation was not desired by his relatives, and did not, in fact, from his then condition, seem advisable. Soon afterwards he was seized with hæmatemesis and died within a few days, death being preceded by an unusually long comatose stage—about seventy-two hours.

The post-mortem examination extended only to the abdominal cavity, permission to make a limited dissection only having been received. The liver, which was moderately contracted, presented the appearance of an ideal specimen of the hobnail variety of cirrhosis. The surface tumors resembled unripe cherries in size and appearance, and on the surface of some of them tortuous blood-vessels were to be seen. On a deep section being made, the division of the organ into spherical lobules, corresponding in size to those visible externally, was well observed. The surface was free from adhesions or other evidence of a peripheral inflammation. Sections under the microscope corresponded in appearance with the illustrations (after Dreschfeld and Young) of this disease in the New Sydenham Society's Atlas of Pathology. The spleen was enlarged, but only to a moderate extent. There was no sclerosis of its tissue, but this was somewhat more soft and friable than normal.

Remarks.—The foregoing case would appear to offer for consideration the following points of special interest—namely :

1. The age of the patient.
2. The fact of his having been the third successive member of the same family who died in adolescence from the disease in question.
3. The abnormal condition of the blood.

I am aware that there is nothing extraordinary in the age of the patient, but still it is decidedly exceptional. It may be considered, further, in connection with the second point, which seems to me, to be unique experience, and more especially when it can be alleged with absolute certainty that in none of the three cases was there a suspicion of any of those agencies with which we are accustomed to associate cirrhosis of the liver. It is to be recorded, however, in regard to one of those agencies, that there was a history of long continued alcoholic excess on the part of the father of the children. It is true that his death, which took place about five years ago, was not due to liver disease, but to cerebral apoplexy; there is, however, a fair presumption that in his case there were degenerative hepatic changes due to the cause under observation. Did he then transmit to his offspring a diathesis hereditarily determining cirrhotic atrophy of the liver? That seems a fair inference from the detailed medical histories of the children, but in relation to the broad question of pathology the question is a new one, to me at any rate; but if it be possible to answer it in the affirmative from the foregoing experience, it will serve to explain some of those anomalous cases of this disease in regard to which Frerichs has written the following pregnant sentence: "There are undoubtedly causes of cirrhosis with which as yet we are totally unacquainted." There is next to be considered the question

of the condition of the blood, and under this heading it is perhaps necessary to allude to the diagnosis of the case. It may be said that the patient was the subject of two intercurrent diseases—viz., cirrhosis of the liver and splenic leucocythemia. Such impression was entertained during the clinical progress of the case, but obviously it was not supported by the post-mortem examination, and the blood-cells already described, although resembling those of leucocythemia, were larger and much more numerous than are generally the leucocytes, even in advanced splenic disease. How, then, is the condition of the blood to be accounted for? It is not expedient perhaps, in a scientific sense, to offer any explanation from a single case; but it is hoped rather that by placing it on record the attention of pathologists may be directed to a subject which does not yet appear to have received adequate investigation.

A New Skin Disease.

DR. J. E. CLARK, thus writes in the *Med. Age*. It may be that the caption of this article, "A New Skin Disease," will have the effect of exposing a certain amount of ignorance on the part of its author, as dermatological specialists may from the description at once assign it "a local habitation and a name" in some subclassification of ordinary cutaneous eruptions. So far as I am concerned, however, I am unable to do so, although I recognize in it pathological conditions very similar to the disease so ably discussed in the *Age* by Dr. Morton and others, some two years ago. I believe the disease has received no classification in standard works, its victims alluding to it, however, as "the scratches," "the mange," "Michigan itch," etc. It is quite prevalent throughout the State, my correspondence with a number of physicians showing it to be more common in the northern counties, and especially in lumber camps, where facilities for the spread of the contagion are numerous. It is not confined to the country, however, as my experience and that of various city practitioners prove its general distribution. The following describes the affection as far as my experience goes :

As a rule, there are no very apparent prodromata; some patients complain of fugitive pains in the limbs and joints, resembling rheumatism, accompanied by a slight elevation of temperature and some derangement of stomach and bowels, and, a few days previous to the eruption, yawning and stretching. From 24 to 36 hours after these manifestations the patient will have an eruption of minute solid elevations of the skin—papulæ—accompanied by an itching, which, as the disease advances, becomes almost intolerable. In the majority of cases the itching, or the eruption, is the first indication to the patient that anything is wrong. The eruption is quite minute and usually popular at first, although it may assume other forms, and if not aborted eventually becomes vesicular in places, the acuminate elevation of the cuticle giving way to the orbicular, which, with an accumulation of lymph clear and colorless, marks the vesicular stage. In this stage the severe itching is attended with considerable superficial heat and tingling of the part.

In some cases the local inflammation runs high, and the surrounding derma is of a bright scarlet color, with a feeling of tension in the part affected.

The itching and other symptoms are invariably worse at night or on going

from a lower to a higher temperature, standing over a register or near a fire. The converse of this is true in many cases, as the rising from a warm bed frequently determines an exacerbation of the symptoms.

The eruption always occurs on a portion of the body covered with clothing, the hands and face, so far as I can discern, never being affected. It favors the arms, chest, abdomen and thighs, and is never general. Small sores sometimes result from scratching; they become covered, however, with a scab, which desquamates, and all trouble in that immediate part is removed.

I do not look upon the disease as markedly contagious, but it is, beyond cavil, so to a certain extent, as eventually, unless the precaution of separate beds is observed, its spread in families is inevitable.

Its etiology and an investigation of the cause or causes which predispose to its development is important, as upon these, to a great extent, hinge the treatment to be adopted for its prevention and cure, for, although it is not of serious menace to the life of the individual, its intolerable itching, burning, tension, and persistence in spite of treatment, render it a matter of profound concern to both the patient and physician. Its differential diagnosis is somewhat difficult to one who is not a specialist, as in some peculiarities it resembles either scabies, prurigo, lichen, or a syphiloderm. The absence of the acarus and diffusion of the disease, differentiate it from scabies; the history of the case and an absolute failure of anti-syphilitic medication to remove or alleviate the symptoms removes the suspicion of syphilitic origin; if it were a local neurosis it would not be contagious, and if it were any variety of lichen, we should find transient papulæ, the affection extending to the arms and fingers (*lichen agrius dorsi manus*); would find it aggravated by heat, relieved by decreased temperature, and non-contagious. It resembles prurigo somewhat, but prurigo is not contagious, its papules are not small and acuminated, but large, elevated, flat and isolated.

While making no arbitrary assertions as to its ætiology, I am impressed with the opinion that it should be classed with the dermatophytæ or vegetable parasitic skin diseases. I have treated a number of cases during the past year, successfully; two, however, after six weeks' ineffectual treatment, fell into the hands of some other practitioner. The majority yield, however, to the antiseptic treatment.

Internal medication has proven in my hands quite barren of results, though many physicians in the northern counties report in favor of it. DR. JAMES EAKINS, of Port Austin, reports good success with the following:

R—Liq. pot. arsenit. gtt. ij.
 Ferri cit. gr. ij.
 Pot. iodid. gr. v.
 Syr. glycyrr.
 Aqua āā 3 ss.

M. Sig.—At one dose three times a day.

He uses with this an external application of

R—Hyd. rub. ox. gr. x.
 Adipis 3j.

Sig.—Apply to parts affected.

I have found the following very serviceable :

R—Hyd. bichlor. gr. iv.
 Chloroformi ℥ss.
 Glycerini ℥j.
 Aquam rosam q. s. ad ℥iv.

M. Sig.—Shake. Apply four or five times a day.

It is best to wash with the following before applying the above :

R—Potas. caustic gr. xv. to xxx.
 Glycerini, ℥j.
 Aquæ ℥i.

M. Sig.—Add water sufficient to suit exigencies.

As an ointment the following is excellent :

R—Menthol. ℥ss.
 Acid. carbolio. gtt. xxiv
 Olei rosæ gtt. ij.
 Adipis ℥ss.
 Lanolin ℥iiss.

M. Sig —Apply three times a day.

VI. OBSTETRICS, DISEASES OF WOMEN AND CHILDREN.

Taking the Temperature in Children.

A very ingenious and simple method has been proposed by FILATOFF, in the *Archiv für Kinderheilkunde*, vol. vii. part 3, for expediting the troublesome process of obtaining the temperature in children.

He recommends that by the use of a previously warmed thermometer the fall, and not, as is usual, the rise of the mercury be observed. In from one to two minutes the column is found to stop at a point which very closely approximates to the actual temperature of the patient. It is found that the higher the fever, the smaller is the error. Thus, at temperatures of from 103.1° to 104° F., the error does not exceed 0.2° F., while at the lower temperatures it may reach 0.5° F. It is, of course, evident that a certain amount of care and skill is requisite in order that the precursory warming of the thermometer be neither insufficient nor excessive.

The Temperature of Mother and Child at the Moment of Child-birth.

BONNAL ("Ann. de gynéc.," Dec., 1885), in a paper read before the *Académie des Sciences*, says that there is no direct relation between elevation of temperature, the duration of labor, and the energy of the pains. Neither does primiparity or multiparity have any special bearing in the matter. The same is true if the presentation is of the breech or face, if also there is no marked proportion between the volume of the child and the dimensions of the genital canal. After normal accouchements the temperature of the mother is usually 99.5° F., but it may reach 100.4° . In abnormal accouchements it may reach 109.2° F. The temperature of the child immediately after birth and before the division of the cord in normal labors generally oscillates between $99.6^{\circ}+$ and $100.9^{\circ}+$; exceptionally it falls below 99.5° . In abnormal labors it may reach 109.1° , rarely going beyond that figure. There is usually a difference of 0.2° to 0.7° between the temperature of the mother and that of her child immediately after birth, in favor of the mother. As has been frequently observed, the child's temperature becomes quickly lowered if it is not suitably covered immediately after birth. It may fall below 96.8° within thirty or thirty-five minutes. Hence the necessity that the child receive attention immediately after birth.

La Perleche; a new Parasitic Affection of Children.

The *Med. Record*, August 28, says: Under the above title, Dr. Justin Lemaistre, Limoges (*Jour. de la Société de Méd. de Haute Vienne—Le Progr. Médical*)

describes a peculiar skin affection very prevalent among children in and about the city of Limoges, and probably in other provinces of France. Among 5,500 school children examined, 312 were found affected, while in the village of Périgord over half had the disease. It is called by the peasants *perlèche*, because the sensation of dryness and smarting causes the patient to lick (*pourlécher*) their lips. It is also called *bridon*, because the commissures of the lips are cracked or excoriated so that they look as if bridled. It is at these points that the disease is chiefly located. The epithelium becomes blanched, macerated, and detached. Sometimes cracks are formed in the direction of the commissural fold. These may bleed and cause pain. The lesion recalls many of the objective appearances of certain mucous plaques. The disease is self limited, lasting only from fifteen days to a month as a rule; but it may reappear again and again, so that sometimes a child will suffer for a year. The disease is perfectly devoid of danger, and causes no constitutional symptoms. M. Lemaistre has clearly shown that it is contagious, and that the ordinary mode of contagion is by school children drinking from the same cup.

Upon these cups, in the drinking-water, and upon the infected surface of the skin, M. Lemaistre discovered a micro-organism which he cultivated and called *streptococcus plicatilis*. In the Pasteur flasks the organism develops with extraordinary rapidity. In examining the diseased skin microscopically, the microbes were found on the borders of the epithelial cells, which often became disintegrated and destroyed.

The microbe lives in stagnant water, wells, and springs, in the form of a micrococcus. When taken into buckets, pails, and unclean drinking vessels, it develops into little chains. In this form it is transferred to the lips, where it develops. The crucial experiment of testing whether this was actually the pathogenic organism of *perlèche*, by inoculating pure cultures was, unfortunately, not tried. So that Dr. Lemaistre's view that it is the cause of the disease does not amount to a demonstration. The *perlèche* is a disease of uncleanness, and can easily be prevented. Its importance lies in the possibility of its being mistaken for syphilis, and in the annoyance and suffering it gives to children, who are not to blame that their parents and school officials are neglectful.

A Case of Double Vagina and Double Uterus.

Dr. ALFRED C. PALMER thus writes in the *N. Y. Med. Jour.*, July 17: On May 25, 1885, I was called to see Mrs. S., aged twenty-three, who has been married two years. She had been suffering from pains in the back and lower part of the abdomen for the past year. In answer to questions propounded, I ascertained that she had menstruated at the age of fifteen, and had been regular up to a year previous to the time I first saw her. At this period she had miscarried after two months' pregnancy, since which time she had suffered from pains during menstruation, which now lasted from eight to ten days, and were followed by leucorrhœa. Upon making my first examination I found an almost healthy uterus, and was surprised that my patient complained of so much discomfort. I made an application to the cervical canal, and advised vaginal injections of warm water. At my next visit, upon introducing a bivalve speculum, an entirely different condition of things presented itself. Here was a uterus cou-

siderably engorged, with the cervix slightly lacerated, and emitting a very tenacious discharge, indicating considerable cervico-endometritis. Much astonished at the apparent change in the appearance of the parts, I withdrew the bivalve, and introduced a Sims speculum for further examination. Upon retracting the perinæum, there came into view an almost healthy uterus, which I recognized as the one seen at my first visit. Further investigation disclosed what appeared to be an opening in the wall of the vagina, immediately inside of the external orifice, which presented the appearance of an excavation produced by an ulcer that had entirely healed. Introducing my finger to explore the depth of this excavation, found that it passed up without difficulty, feeling the blade of my speculum through a rather thick membranous partition. Further inserting my finger, I distinctly felt an os uteri, at the same time having another fully in sight, disclosed by the speculum. The diagnosis was easy. With the assistance of my friend Dr. George Ross, at my next visit a more thorough examination was made. We discovered two perfectly formed vaginæ, with a partition about three lines in thickness entirely separating them. This partition began between the two necks of the uteri, and passed downward to the external vaginal orifice, the rugæ being perfect upon its sides. The uteri lay in a lateral position, miscarriage having occurred in the one upon the right side from the appearance presented. Introducing a probe, we found the two entirely distinct, the one upon the left measuring one inch and three quarters, the right two inches and a quarter in depth. Subsequent investigation showed that menstruation took place in both at the same time, continuing a little longer in the right.

Summer Diarrhœa of Infants.

Dr. H. C. HAVEN thus concludes a paper in the *Archives of Pediatrics*: It is to be remembered that the alimentary canal is outside the body, and if irritated or inflamed is to be treated so far as possible on the same principles as an open wound.

Quiet it by rest; first, through its relations to the system at large, if other conditions render it proper, by opium, bromide, or other sedatives, avoiding a depressant effect.

By rest; second, locally, through dietetic treatment; and local treatment, if possible and necessary, to restore it to its normal alkaline condition, and to soothe an irritated or inflamed condition if present. Antisepsis of the gastrointestinal tract—so far as possible—to prevent the presence of chemically irritant matters, or absorption of morbid agents. If such matters or agents are present, their removal by suitable means.

Treat the general condition; recognizing the *physiological* cardiac weakness in infancy, and making its support and a stability of action of the nervous system the ends to be attained. In case of a serious loss of fluids from the system, this must in *some* way be replaced. It is easy to cure the disease, if you can keep the infant alive while you are doing it.

I have made no attempt to mention any one drug or combination of drugs, or to offer any routine prescriptions, believing that in this, as in all diseases where no known specifics exist for their remedy, that physician succeeds best who recognizes the *principles* of treatment, and uses the necessary drugs with whose action he is most familiar, and can hence use most intelligently.

Routine prescription and treatment, especially the dietetic part of it, has seemed to me even more common in treating these diarrhoeal diseases of infants and children than in any other class of diseases.

One often sees a baby dosed with astringents, stimulants, cardiac tonics, and supposed specifics or favorite "diarrhoea mixtures," while the diet of the child is either not interfered with or only altered by the addition of a little lime water to the original and still potent cause of the disturbance. Milk fermented or putrefied as a result of thirty-six hours' exposure to the heat of a city summer.

No attempt is often made to localize the intestinal disease from a systematic study of the symptoms and discharges; or to differentiate between the symptoms caused by a local irritation of the intestine and a force acting through the nervous mechanism, and perhaps utterly unconnected with any local disturbance.

To treat the latter with measures adapted to the former will often yield only disappointment and possible regret.

A moment's reflection will, I am sure, convince any one that such a course is not only unscientific but dangerous, and that the frequent occurrence and enormous mortality from this disease, a very scourge of unprotected infancy, demands and merits the most conscientious and strenuous efforts on the part of every physician for their reduction.

Ulcers of the Bladder.

Before the German Gynecological Association, Dr. SCHATZ read a paper on this subject. He had observed the following two cases: A woman, otherwise healthy, had very great dysuria during typhoid fever. Treatment by irrigation had no effect. After several weeks the bladder was palpated, and found velvety to the touch, except at the anterior wall, a short distance above the symphysis, where there was a spot, the size of a dollar, which differed from the remainder of the internal surface in seeming to be mounted on a firm wall. It was not depressed, but had an even surface which felt like dampened glass. There was no swelling around it. There was some strangury; the urine contained blood and pus. Further treatment at the time proved ineffectual. Six months later, Dr. S. saw a similar case in a young woman. There was vesical tenesmus, together with the discharge of some drops of blood. On palpating the bladder, the conditions found were as in the former case, only the ulcer was seated more postero-superiorly, and was about five centimetres in diameter. Examination of the pus gave no information. The patient returned after several months. Irrigations produced no improvement. Meantime the ulcer had enlarged to thrice its former dimensions, its lower limit reaching almost to the trigonum of Lieutard. The question was, whether improvement could be obtained by a partial resection of the bladder. This operation was performed, similar to the high lithotomy. The incision was made immediately above the symphysis, and the bladder lifted up. After being opened, the ulcer became visible; the rest of the bladder was intact. The ulcer was seized from behind with a clamp-forceps; the mass within the grasp of the instrument was very thick, but it was ligated and cut off. The threads were allowed to remain, so as to let them hang out of a fistula. The vesical incision was stitched with catgut, the lower portion of the vesical and was abdominal wounds left open. Through this fistula were passed the threads

and a drainage tube extending through the urethra. By about the twentieth day the suture so loose that it could be easily pulled out of the fistula; the same remark applies to the drainage tube. After three hours, the patient evacuated one-quarter litre of urine without any difficulty. The excised piece looked like a granulating ulcer; it contained tubercles, but no bacilli. After several months, during which she had no purulent urine, the patient returned with the remark that her urine was again turbid. It was always acid. The case, then, was a tubercular ulcer of the bladder. The reader had formerly seen two patients who had had vesical disturbances for a long time, and whose bladder was firmly contracted; internal palpation showed results which he would be most strongly inclined to term tuberculosis. The duration of tuberculosis of the urinary organs may occasionally be very protracted. The operation, therefore, was justified. The other question, whether it was correct to open the bladder from above, was answered by the reader to the effect that he did not think it good practice to enter from the vagina. The operation from above is not so grave; it resembles lithotomy. He had closed the bladder only to the point where the ligatures extended outwards, so that he could, if necessary, draw it upward, and in order to prevent the formation of a long fistula. He had found no similar case in literature.

Transmission of Tuberculosis to Children.

At a recent meeting of the Boston Society for Medical Improvement, Dr. GANNETT read a paper with the title "Should Nurses who are Tuberculous be allowed the Care of Children?" (*Boston Med. and Surg. Journal*, April 29th.) Premising that he was not speaking of wet-nurses, and giving a slight sketch of the doctrine of the transmissibility of tuberculosis as raised in the bacillary hypothesis, he proceeded to relate two cases of fatal tuberculosis in children of previously good health and without hereditary predisposition, both of whom had been under the care of nurses who were tubercular. One was a child four years and eleven months old, who died from tubercular meningitis after a three weeks' illness. In addition to the appearances of general acute miliary tuberculosis, there were foci of chronic tubercular broncho-pneumonia and also tuberculosis of the bronchial glands. There was no family history of tubercle; the child was born healthy, and was nursed by the mother until nine months old. At the age of fourteen months the child came under the care of a nurse about twenty-six years old, who had lost one sister of consumption, and was herself pale, but of healthy appearance. The nurse remained in charge for a period of three years and five months, and when the child was four years and two and a half months old it slept with her at night as well as being in her care during the day. About this time symptoms of phthisis developed in the nurse, and she had eventually to give up her situation from increasing weakness, four months before the child fell ill. It is possible that the child was infected through the lungs, which showed evidence of more chronic disease than other organs.

The second case was that of an infant eighteen months old, who also died of meningitis, and in whom caseous nodules occurred in the lungs and bronchial glands, which contained tubercle bacilli. The only case of tuberculosis on the father's side was that of a great-aunt, who died of this disease after nursing her

husband for the same affection; and on the mother's side a cousin had died of phthisis. The child in question was the youngest of three; its nurse, a Scotch-woman, twenty-two years old, was subject to colds and coughs, and developed signs of phthisis. She was in charge of the child for eleven months, from the age of six weeks. Dr. Gannett did not desire it to be thought that these cases proved that the children were infected by the disease, but that there was "sufficient probability of such infection as to render it important for physicians to caution the laity about allowing children of a tender age to come into too close or frequent contact with nurses and others who are tubercular." In the debate that followed Dr. Minot thought there could be no doubt that the children were infected as stated; but he could only recall one case of such a form of infection—viz., in the wife of a gentleman in the third stage of phthisis. She developed the disease, having no hereditary antecedents. Dr. Rotch, who had seen one of the cases related by Dr. Gannett, said there was certainly a remarkable coincidence in the tuberculosis of the nurse and child, but did not think it justifiable to say that there could be no doubt of infection. He pointed out how frequently tuberculous mothers lived in close contact with their children, who never showed any signs of infection. He thought it prudent, however, to exclude children from the care of tuberculous nurses. Dr. Fritz agreed on this point, owing to the probability of such a medium of infection, remote as that probability may be. Dr. White spoke in the same sense, and Dr. Bowditch declared that he had held phthisis to be contagious under favorable circumstances long before the bacillus was discovered.

A Fatal Case of Acute Delirious Mania Complicated with Parotitis.

Dr. JAMES M. WILLIAMSON thus writes in the *Lancet*, March 13: The patient in this case was an American lady, aged forty, but looking older. She was a highly educated and talented woman, and was the principal of a large educational establishment. Overwork had brought on nervous prostration and insomnia, for which Dr. Hammond, of New York, ordered rest from work and change of scene. For twelve months the patient followed this advice, traveling in England, but without much benefit. During April, 1885, while at Bournemouth, she had a throat attack, suspected to have been diphtheritic, and accompanied by what she called "delirium." The patient came to Ventnor early in the next month (May), and consulted me on the 10th for insomnia. Her catamenia, regular as yet, began on the 12th, and brought on increased restlessness and irritability, upon which chloral and the bromides made no impression. On the 14th she was in bed, her mind excited and wandering. The pulse was rapid, but the temperature not elevated. The tongue was dry; the breath offensive; appetite absent; but the bowels were not confined, and the urine was freely voided. In two days more she was deliriously insane, howling, laughing, incessantly talking, struggling, and trying to bite. She spat out food and saliva, and urine and fæces were passed into the bed, which had been made up on the floor. Morphia, given hypodermically, increased the excitement; but chloral—administered with much difficulty—somewhat lessened it. On the 21st she was seen with me by Dr. Blandford, of London, who confirmed the diagnosis. As the heart had begun to inter-

mit, the chloral was abandoned, and paraldehyde ordered instead. The food was limited to eggs and milk. From this time slight improvement took place until the 24th, when swelling of the left parotid gland was observed. The swelling had taken place rapidly during the night, and extended to the malar bone and behind the angle of the jaw; it was hard and very tender, but free from redness. Two days afterwards the right parotid took on the same action, giving the patient the characteristic aspect of mumps. During gleams of consciousness much complaint was made of pain, and attempts at swallowing were virtually abandoned. Feeding by the nares was impracticable, whilst hæmorrhoids that bled copiously at every touch precluded the use of nutrient enemata. No suppuration took place in the parotids, but from this time the strength swiftly declined. Exhaustion passed into coma, and death took place on the 29th, which was the sixteenth day of the illness.

Remarks.—It is to the occurrence of the parotitis in this case that attention is drawn, and it is worth noting because it really turned the balance against the patient at the critical point of her illness. Without referring to the difficulties it threw in the way of treatment, the question of causation is full of interest. It was clearly not a case of idiopathic parotitis. Any one who had for the first time seen the patient when both parotids were swollen would assuredly have thought of mumps and meningitis; but even had there been no history the delirium could not have been mistaken for that of meningitis. The condition was symptomatic, and not idiopathic. A great deal is heard now of the sympathy between the parotids and affections of the generative organs; in this case, however, although the approaching menopause may have had some share in inducing the maniacal attack, so far as could be ascertained there was nothing wrong with the external or internal organs of generation, or with the mammæ. The case ranks with those similar affections of the parotid which have long been known to occur towards the termination of fevers. Some have held that in these circumstances the parotitis results from a spread of the specific poison of the fever. Since the condition has been seen in pneumonia, however, others have ascribed it to the extension of oral inflammation. The present instance confirms the latter view. The mucous membrane of the mouth was dry and parched and covered with dead epithelium; possibly the milk that was retained in the mouth helped to increase the oral inflammation; but no aphthæ were seen. The incessant action of the jaw and the retention of saliva in the parotid may have been contributing agents. So far as I can gather, this parotid complication, well-known in some severe diseases, does not appear to have been much recognized in connexion with acute delirious mania.

Ovary Expelled from the Anus.

Dr. J. C. TEDFORD, of Moberly, Mo., reports a case, to him unique, in the April number, 1886, of the *St. Louis Courier of Medicine*.

Mrs. S., aged about 28, had three children and three miscarriages. She was slender, and not tall. By a mistake of symptoms, in November, 1885, he passed a uterine sound, without resistance, some four inches into the uterus, and on January 9, 1886, a small foetus was expelled. Considerable hæmorrhage occurred, but was checked in half an hour, and she rallied well. On January 14th,

while seated upon the chamber, she was taken with tenesmus and a disposition to strain, and had severe pains in her abdomen. She could not resist the straining efforts until a tumor was expelled from the anus. Being sent for at once, Dr. Tedford found her lying on her side in bed, and a red, cone-shaped tumor protruding from the anus—not large enough to be a womb, and not bleeding. Digital examination per vaginam showed the womb all right, turned to the side, and a little higher up in the pelvis than natural. Per rectum, the finger showed the tumor had a pedicle, extending upwards to a point almost as far as the index finger could reach; but by firm pressure upwards, he could feel the pedicle pass over a shelf, out of the bowel, through a rent in the rectum. This shelf seemed massive and thicker just under the pedicle than at any other point surrounding it. The tumor was larger at its red, protruding end, and faded in color towards its smaller end, and was solid to the touch. Dr. Faulk was called in consultation; and agreeing that it was a protruding ovary, decided that it must be cut away. On touch, it was very painful to the patient. The ovary was cystic. Dr. Dysart, of Paris, Mo., was called in, and at once, with our advice, ligated and cut away the tumor or cystic ovary. A constant discharge of bloody, watery fluid from the rectum followed the operation. The cyst was filled with an almost transparent, whitish substance, tinged with a little yellow, and semi-solid in consistency. Quinine and opium were given internally, and antiseptic washes used locally. Afterwards a suppository of iodoform, tannin and morphine was used in the rectum every eight hours. The temperature rose, and the pulse became faster and faster, until she died, on the 20th, from peritonitis and tympanites. On the 17th, the patient complained of a weight in the rectum, as if something wanted to come away. The finger detached a substance extending down to the sphincter ani, and upward to a point above the pedicle of the amputated ovary. The old pedicle seemed to come out, and was a direct continuation of tissue from just above the pedicle of the former operation. Moderate traction on the tumor drew it out at the anus. A ligature was applied and the tumor punctured, letting water out of the tissues, reducing the size of the mass, so that but a small fraction of tissue was cut off. The pedicle was replaced, and the treatment continued.

Post-mortem.—On opening the abdomen, no omentum covered the bowels in front, the bowels being in direct contact with the abdominal wall. The omentum was gathered into a wad, or mass, on the left side near the crest of the ilium, and was yellowish-white, and greatly softened in texture. The womb and broad ligaments were dark red, and relaxed. The stump from which the left ovary had been cut had slipped out from the ligature into the pelvic cavity. The rectum and lower portion of the colon were firm to the touch, as if filled with something, which something proved to be animal tissue instead of fæces. Intussusception was demonstrated. The ligature upon the pedicle showed the entrance of the ovary into the bowel, and also that that portion of bowel was the lower end of the invaginated portion, which explained the coming down of the second or fluid tumor on the third day after the first operation. The ovary, covered by peritoneum, entered the bowel in the sigmoid flexure, and passed downwards into the rectum, dragging the portion of bowel along the rent, and opening into the bowel below.

Salicylate of Soda in the Treatment of Infantile Diarrhœa.

Dr. A. SHANK thus writes in the *Archives of Pediatrics*: By the term diarrhœa, we mean an unusual increase in the number of the alvine dejections. It is not a disease, really, but only a symptom of disorder in the digestive organs. For the sake of brevity, we will consider under the general term, the non-inflammatory and the inflammatory form of the disease. It is of the former principally that we wish to speak, paying special attention to the cause.

The attacks very generally come on suddenly. The child being in its usual health during the day, awakens in the night with severe pain in the stomach, vomiting, and frequent discharges from the bowels. The cause of the attack has ordinarily been attributed to improper food. A recent writer on the subject says: Undoubtedly* the most common cause of infantile diarrhea is improper feeding, either in point of quality, quantity, or frequency. In fact, nearly all authors agree in ascribing the cause to some error in the diet. That careless feeding is often the cause of an attack, all who have observed the disease will acknowledge. But how often do we notice, that two or three days of unusually warm weather are followed by a number of cases of gastro-intestinal disturbance. What has been the real cause? Have mothers and nurses all of a sudden become so indifferent in regard to the diet of the children under their care? Has improper food acting as an irritant produced all these attacks? A careful inquiry will in all probability fail to detect any departure from the daily routine in their nourishment. Yet the attack has come on, and not without a cause. Examine the alvine discharges carefully, and they will be found to be acid, extremely offensive, and full of curds of milk. What has taken place? Evidently the high temperature has caused a fermentation of the contents of the stomach, instead of a healthy digestion, and the product of the fermentation, acting as a foreign substance, has so irritated the digestive track, as to produce the diarrhœa.

In accordance with this view, as to the cause of the attack, what would be the rational mode of treatment? Should we administer a laxative, according to time-honored teaching, and further irritate the already over-sensitive mucous membrane? It is not necessary, in order to get rid of the offending matter, for nature is carrying it off as rapidly as it can. Many cases have been relieved by giving a dose of calomel, but not on account of its purgative action, as supposed by the prescriber, but rather through its property as a germicide. Would it not be better to administer an antizymotic, which will have a tendency to render the contents of the stomach and bowels innoxious and prevent further fermentation? For this purpose we certainly have no better remedy than the salicylate of soda. In it we have both an antacid and an antiseptic of the first class, and what is a great consideration, a medicine not disagreeable and that can be easily administered to a child. I usually begin by giving one grain every three hours to a child one year old. If there is much gastric irritation and vomiting, one-fourth to one-half grain of calomel should be added to each dose. To control the pain, if severe, combine with them a sufficient amount of powdered opium, and if the bowels are being moved very often, subnitrate of bismuth, or prepared chalk, or both, can be given with the other in-

* Reference Handbook of the Medical Sciences, volume second, page 437.

gredients. Under this treatment, the vomiting will cease, the pains be relieved, and the number of actions on the bowels grow less ; and what is of more importance than all, the offensive odor of the discharges entirely disappears, and with it all the unfavorable symptoms.

Should the attack be allowed to proceed unchecked, and the character of the alvine evacuations unchanged, an entero-colitis must follow, and convert a simple diarrhœa into a dangerous inflammatory disease, that may end in death. If through neglect or a failure to arrest the disease, we find ourselves confronted with a fully developed inflammatory attack, what shall be our course? If the discharges are offensive, no matter in what stage of the disease, give the salicylate of soda, subnitrate of bismuth, and calomel in small quantity continuously, and in the great majority of cases the treatment will be found to be successful. Carbolic acid combined with the chalk mixture has been highly recommended, but in the writer's experience has not proved so satisfactory as the treatment above described.

Imperforate Hymen with Retention of the Menstrual Flux.

Dr. W. H. BAKER thus writes in the *Boston M. & S. Jour.* April 1: The fact that in the practice of gynæcology for twelve years past I have met with but one case, the report of which I wish to present to you this evening, assures me that as a class they are infrequent.

We often see cases where there is more or less complete atresia of some part of the vaginal canal, as a result of a severe labor, or following some sloughing of the parts after some of the exhausting fevers ; but a complete closure of the outlet of the vagina from a congenital malformation, with a well formed vagina, uterus, and ovaries, occasioning a distention of either the vagina, uterus, or Fallopian tubes, or of all, is of much more rare occurrence.

The report of the case is as follows: Mrs. A. L. was referred to me by Dr. Towne, of Manchester, N. H., who had made the above diagnosis, and desired me to operate. She was a Swede, twenty-one years of age, and had been married six months. From the age of fourteen, she had menses of menstruation, but there had never been any flow. These symptoms varied in intensity, and consisted of pain in the groins, feeling of fulness, and weight in the lower abdomen, sometimes so severe as to render her unconscious for a time. Since her marriage there had been frequent attempts at intercourse, accompanied with pain on her part, and but little satisfaction on the part of her husband. Her general health appeared to be good.

Physical examination showed the external organs of generation well developed, with the exception that the hymen was imperforate, and the meatus urinarius was so much enlarged that it readily admitted the forefinger. It, however, occasioned no incontinence of urine; this latter I also considered a fault of development, rather than a dilatation from the unsuccessful attempts at coition. With one finger in the rectum and one in the bladder, an indistinctly-fluctuating tumor was found to nearly fill the pelvis. By recto-abdominal palpation, no evidence of a distention of the uterus or tubes could be established.

June 24th, 1885. The patient being etherized, and a more careful examination being made, mainly for the purpose of determining whether the tubes were dis-

tended, a free incision was made, through the hymen, which was about $\frac{1}{8}$ of an inch in thickness, and forty ounces of thick, chocolate colored fluid removed. The uterus and tubes were then found unaffected, and the vagina was thoroughly cleansed with a solution of corrosive sublimate, 1 to 2000. This canal was filled with iodoform gauze, and the patient put to bed.

Subsequently, the temperature was never but once above the normal, which was on the evening of the second day, when it scored 99.5° . The iodoform dressings were changed each second day, which not only insured the cleanliness of the vagina, but promoted the healing of its walls, which were much thickened and granular, bleeding easily, but also in their application and removal insured against any closing again of the hymen. She returned home in two weeks, and from letters received both from Dr. Towne and her husband, I am assured of her health and happiness. She menstruated but once after the operation, becoming pregnant almost immediately.

By the kindness of the late Dr. J. B. S. Jackson my attention was called, some years ago, to a most remarkable specimen in the Museum of the Medical Improvement Society, which was removed *post mortem*, the case having been under his care, and seen by several of the most prominent surgeons of this city practising thirty years ago. Both the uterus and the vagina were dilated in this case to such an extent that the fundus of the uterus reached the umbilicus; the Fallopian tubes also were greatly distended, feeling like sausages on either side of the uterus. Although the condition was recognized by all, yet non-interference was advised, and the patient succumbed to her disease.

In the treatment of the class of cases under consideration, I am sure it is essential to determine whether the tubes, as well as the uterus and vagina, are distended by the retained menstrual flux; for if so, it will not be safe to make a free incision and empty the uterus and vagina, for either septicæmia will occur from the tubes, or there will be great danger of their rupture occurring from the increased peristalsis of their walls, excited into action by the contracting uterus. If, then, such condition be present, it would be best first to remove the distended tubes by laparotomy, and then make the free incision through the hymen, and empty the uterus and vagina. If, however, the retention of the fluid does not extend to the tubes, the case may be treated simply by evacuating the vagina, or vagina and uterus, and keeping the walls clean and the opposing walls from uniting by adhesive inflammation.

Rupture of Pregnant Uterus; Porro's Operation; Recovery.

A communication by Professor SLAWJANSKY to the Surgical Society of St. Petersburg, on a case in which he successfully performed Porro's operation for rupture of the gravid uterus, is published in the February number of the *Paris Annales de Gynécologie et d' Obstétrique*. Slawjansky states that he has collected 175 cases of the operation which was first practised by Porro at Pavia in 1876. It was performed by Dr. Prévot at Moscow in 1878, ten hours after rupture of the uterus, but the patient died the fifth day in consequence of hæmorrhage from the pedicle. C. E——, aged thirty-seven, within one week of full term, was knocked down by a tram-car while crossing one of the streets of Vassili-Ostroff. Considerable hæmorrhage ensued from the genitals, and the patient lost consciousness

while being carried to her home. She was first seen in the clinique of the Imperial Academy of Medicine by Professor Slawjansky twenty-six hours after the accident. The patient was then quite conscious; skin pale; mucous membranes slightly cyanosed; ecchymoses on the inner side of the left eye and on the buttocks; abdomen very tender on pressure. Temperature $38.1^{\circ}\text{C}.$; pulse 138. Objective examination of the enlarged abdomen, conducted under chloroform, in consultation with Professor Bider, gave the following results: Immediately under the abdominal wall, and towards the left iliac fossa, could be felt the sutures in the foetal head. Upwards and a little to the right the trunk of the foetus and some of the ribs could be distinguished. The breech was above and a little to the right of the median line. On the right of the foetus, over an extent equal to two hands' breadth, was experienced a sensation of decided resistance, but without defined outline. The foetus was movable, heart sounds not audible. By vaginal examination the cervix could be felt with easily dilatable orifice admitting two fingers. Beyond the internal orifice the uterine wall was reached on the right side, and the edge of the placenta easily touched; but on the left the uterine wall could not be discovered, and, on practising bimanual touch, the fingers of the two hands could be approached until they were only separated by the abdominal wall. Penetrating more deeply and upwards, a foetal foot could be felt, and, between it and the exploring fingers, the presence of the foetal membranes. But nowhere could the edges of the uterine rupture be detected. All circumstances considered, *traumatic rupture of the gravid uterus* was diagnosed, and the necessity recognized for immediate delivery. Exploratory laparotomy having been decided upon, three hours after the patient's admission Dr. Matveef administered chloroform. The temperature was then $38.6^{\circ}\text{C}.$; pulse 138; respiration 25.

The operation was performed under the strictest antiseptic precautions, and Dr. Fisher was the principal assistant. Immediately over the foetal head an incision of two centimetres were made into the abdominal wall, and one of two millimetres into the peritoneum, giving issue to a mixture of bloody serosity, meconium, and cheesy flocculi. The hairy scalp of the foetal head could then be felt in the abdominal cavity, and the parietes and peritoneum were divided with scissors to the extent of twelve centimetres, the dead foetus seized by the head and extracted gently. On introducing the hand into the peritoneal cavity with a view to extract the placenta, this was found firmly adherent, apparently to the outer surface of the womb, and it was thought preferable to withdraw that organ through the abdominal wound. It then became evident that the uterus, torn from side to side in its upper third, was completely everted. The placenta and membranes were completely adherent throughout their whole extent. The internal orifice was not visible, being bridged over by the membranes. The womb had thus the appearance of a mushroom, round the top of which the Fallopian tubes proceeded to their insertion. An elastic ligature having been placed on the cervix, the placenta and membranes were detached; the mushroom-like shape of the everted uterus was then still more perceptible. The cervix was now more firmly secured with a second elastic ligature, and the uterus and appendages removed with the bistoury. The pedicle was divided into two, and each portion secured by separate elastic ligature. While performing careful peritoneal toilette, evidence of general peritonitis became manifest, with deep redness of the intestinal

coils and a dull velvety appearance of their surface. The pedicle was fixed in the lower part of the wound, the ligatures projecting through it and its edges closed with nine deep silken sutures. Powdering its surface freely with iodoform, covering it with two layers of iodoform gauze, a thin layer of sublimated wadding, and a hypogastric bandage, constituted all the dressing. The operation lasted forty-five minutes. The patient was moved into an isolated room, and on waking said she felt better, and the pains had left her. The pedicle stump dried up rapidly and separated on the twenty-third day. The sutures were removed on the fourteenth day, with the exception of two near and beneath the pedicle, which were removed on the twentieth day. On the fifth day copious diarrhoea set in and lasted four days. The maximum of temperature was 39.1° C., of pulse 126. From the third day after the operation the urine contained some albumen, and occasionally a considerable number of red and white globules. The nephritic affection disappeared on the twentieth day, and on the thirty-sixth the temperature was normal.

Uterine Calculus—Removal of a Stone Filling the Entire Uterine Cavity.

Dr. WALDO BRIGGS thus writes in the *St. Louis Med. and Surg. Jour.* for April: On the 21st of last February I was called into consultation by Dr. A. C. Robinson to see a patient suffering with some obscure trouble of the urinary apparatus. On arriving at the house I found Mrs. G., an enormously stout negro woman, sixty-five years of age, who gave the following history of her case:

Some ten or twelve years ago she began to have pains across the pubic region, accompanied with more or less trouble in making water. These pains were not severe at the time, nor were they constant; so that at first she did not consult a physician. Later on, however, the attacks became more frequent and distressing, and she called in her physician, who diagnosed stone in the bladder and suggested an operation. Nothing was done at the time, and so the matter had rested all these years—the patient sometimes enjoying temporary immunity from pain and at others having severe paroxysms, during which she called in first one and then another physician, some of them quite well known in the city, and all of whom agreed in the diagnosis of vesical calculus. This opinion was fortified by the fact that the patient would from time to time, after using the chamber-pot, find bits of stone in the bottom of the vessel. Recently the trouble became more painful and urgent, and by the advice of Dr. Robinson I was at length called in to the case.

On sounding the bladder I found evidence of some large, hard body encroaching upon the normal dimensions of the organ, but was unable to detect the presence therein of the stone, either by touch or sound. On passing the finger into the vagina, however, the point of it came into contact with a hard, rough substance, depending from the mouth of the uterus; which on introducing a speculum, to my very great surprise, I found to be a stone which filled the uterine cavity and projected from one-quarter to three-eighths of an inch into the vagina. After dilating the os somewhat, and seizing the calculus with the forceps, I was able to partially rotate the body within the uterine cavity, but could not withdraw it entire. Up to this time no anæsthetic had been used, nor was any neces-

sary; but finding that the manipulation of the substance gave great pain, I injected ten minims of a four per cent. solution of cocaine into the neck of the uterus, and with a pair of lithoclastic forceps crushed the stone and brought it away piecemeal. The result was a number of calculous fragments which, when reapproximated, formed a roughly-shaped pyramidal mass, about three inches in length by two inches in width and one inch in thickness at the base, the apex of which pointed downwards, and whose total weight was in the neighborhood of nine hundred grains. The exact weight could not be determined, owing to the brittleness of the interior laminæ of calcareous matter which, when crushed by the forceps, fell into dust and was lost in rinsing out the vagina.

Examination disclosed the body to consist of a spongy, brittle, pumice-like mass of an inch or so in diameter, around which were concentric laminæ of calculous substance. Some of these layers were of exceedingly hard, crystalline material, which were intercalated with others of a softer, apparently amorphous nature. They readily separated from each other, the outer side of each inner layer, and the inner side of the outer, being covered with a dark substance of organic origin and possessing a very offensive odor. The spongy central mass contained considerable of this organic matter, which seemed to pervade the areoles throughout.

Although I have consulted every work upon surgery and surgical pathology at my command, I am unable to find a parallel case to this one; nor do the oldest and best informed surgeons of my acquaintance remember either to have seen or read of one. The closest questioning of the patient fails to elicit any history of the insertion at any time of any foreign substance which might have served as a nucleus for the deposition of calcareous matter; a suggestion which is also negatived by the structure of the central mass itself. In the absence, therefore, of any recorded predicates, I am forced to the theory that the calculus had its origin in some uterine tumor which, becoming atrophied after the menopause (about which time the patient first noted symptoms of her subsequent troubles), served as a nucleus for the stone.

Dr. Frank L. James, to whom the fragments were submitted for examination, reports that the stone consists mainly of calcium carbonate and phosphate, and ammonio-magnesian phosphate. Microscopical examination of some of the organic matter taken from the soft areolated material which forms the nucleus for the denser outer layers, shows it to be fibrous in structure; and a section of a minute piece, not so much decomposed as the greater portion, of the organic matter, has a very strong resemblance to polypoid growth. A section of the thickest of the denser laminæ, ground very thin and polished, shows it to consist almost entirely of ammonio-magnesian phosphate, and makes a beautiful preparation when viewed with polarized light.

I have only to add that the removal of this mass gave immediate relief to the patient, and the pelvic pains have not since returned.

A Rare Case of Dystocia, Ending Fatally. With Remarks.

Dr. JOHN N. UPSHUR, thus writes in the *Am. Jour. Obstet*: On May 18th, I was called to see Mrs. P., white, æt. 25, in labor with her second child. She was a woman of fine constitution and physique. I had delivered her four years before,

after a protracted labor, with instruments. She had an unusually roomy pelvis. Labor had been expected to come on about April 30th, and I am sure that there were two attempts at labor about that time. Her abdomen was so large that a twin pregnancy was suspected. The term of pregnancy was passed in unusual comfort, and she was constantly watched during the whole period. I saw her at 3 A. M.; found labor pains normal as to character and frequency. Examination revealed a breech presentation in the first position. Labor progressed slowly but satisfactorily, without exhaustion or much suffering to the mother until the child was delivered to the neck about 8:30 A. M. All efforts to turn out the head were futile. Just prior to the delivery of the body, the pains became inefficient, and a small dose of ergot was administered, but, so far as I could judge, without effect. The pains now ceased, and realizing that I needed assistance, I summoned my friend and colleague, Prof. Tompkins. Inspection of the child showed it to be deformed by *talipes equinus* of the right foot and a large *spina bifida*. The patient seemed perfectly comfortable, showed no evidence of fatigue, but was not cheerful, and expressed anxiety as to the result of her case. While waiting for Prof. Tompkins, she suddenly complained of a most unbearable pain in the abdomen, about four inches above the pubis. On inquiry into its nature, she describes it as being entirely unlike labor pains. She yet manifested no evidence of shock, and I failed to appreciate its significance at the time. We gave her chloroform at 10 a. m., and, on thorough examination, found the labor was retarded by a *hydrocephalic head*. The head was perforated in the occipito-parietal suture, and, after a large discharge of water, with some difficulty the head was delivered, laceration of the perineum, down to the anus, occurring. There was an average discharge of blood and water, the uterus contracted firmly, Prof. T. keeping his hand on the fundus uteri for some time. The perineal laceration was closed by three interrupted sutures, the binder applied, and she was made comfortable in bed. It was nearly an hour after delivery before Prof. Tompkins took his leave; his attention was called to the patient and to the uterus. *He expressed himself as being satisfied with the patient's condition, she evincing not more than an ordinary amount of fatigue*; at 1:40 p. m. the patient was comfortable, pulse fair, flow free, but not more so than is commonly the case; but she looked pale, and seemed to be suffering more than usual from the shock of labor; but having taken ergot freely since delivery, and whisky, both by mouth and hypodermically, and feeling convinced that all she required for perfect recuperation was repose, I left her. At 3:10 p. m., I was hastily summoned, and when I reached her bedside twenty minutes later, she was dead.

The first point to establish is the rarity of hydrocephalus as a cause of dystocia, and especially the increased complication when it is the *after-coming head* in breech presentations. That the complication in these cases is more difficult of removal is so apparent upon reflection that it does not need discussion; it is sufficient to call attention to the fact *that the complication is more dangerous* than in vertex presentations, because the labor, as a rule, progresses normally until the whole body is delivered, and, as a consequence, the existence of the cause of dystocia is not appreciated so soon, and there is, of necessity, delay in applying the needed means of relief, and the body of the child being in the way, manual or instrumental delivery is made more difficult. "The frequency of hy-

drocephalus is estimated by Lachapelle as 1 in 2,900 deliveries; in Guy's Hospital Charity, however, perforation or puncture, on account of hydrocephalus, was called for only once in 29,591 deliveries. In general, interference is called for in about three-fourths of the cases. Pelvic presentations are much commoner than innormal cases (about one in five), *especially when the distention of the head is great*, for the adaptation of the child to the uterus takes place best with the head uppermost" (Italic ours—Galabin, "Manual in Midwifery," p. 425). These facts are indorsed by Cazeaux and Tarnier. Dr. Thomas Keith reports sixteen cases of rupture of the uterus in seventy cases. The mortality of the mothers is put down as *one in four*. In searching the *American Journal of Obstetrics* since 1879, only two cases of this complication are recorded—one reported by Dr. Mundé, a vertex presentation, which died on the seventh day after delivery of septic endometritis (p. 662, Vol. xiv.); the other, recorded by Dr. Joseph N. Study, was a case of spontaneous delivery of a woman pregnant with twins (Vol. xviii., p. 595), the long deferred manifestations of shock in so serious a lesion is a subject for comment which I cannot explain. I record this case because of its rarity, and because our failures often are more useful than our successes.

A Case of Congenital Absence of the Ostium Vaginæ, and Delivery by the Anus.

Dr. J. F. Y. PAINE thus writes in the *Jour. Am. Med. Ass.*: "On April 24, 1885, late in the evening, I was called to attend Mrs. Hanna Thomas, who was suffering the pains of childbirth. Her age was 35, and she bore every outward sign of perfect physical development, and of being well nourished. I was told by the midwife that she had been in labor since the middle of the day preceeding. The membranes had been ruptured early in the labor, and the patient was very much prostrated by her protracted and inefficient efforts to expel the foetus. The unsatisfactory progress caused her attendant to request the calling in of a physician.

"Examination developed an entire absence of the vaginal orifice, and passing my finger along the perineum, it sank into the distended anus, and encountered the foetal head just within the opening. The anus was dilated to about the diameter of three inches. Never having met with such a singular complication attending labor, I sought the advice and assistance of my friend, Dr. J. F. Y. Paine."

The foregoing history is furnished by Dr. G. S. Sykes, the professional attendant of the case in question.

Examination confirmed the diagnosis of Dr. Sykes as to the absence of vaginal outlet, and revealed the presence of the foetal head within the rectum, arrested at the distended and resisting anus. A clammy skin, sighing respiration, and rapid, feeble pulse, told the story of strength wasted by a fruitless labor. The uterus, exhausted by its unavailing efforts, was acting in the most feeble manner; the anus, though considerably dilated, was insufficiently so to admit the passage of the foetal head, and was rigid and unyielding. The indications were too clear to admit of a doubt as to the treatment. Chloroform was administered to the third degree, a Simpson's obstetrical forceps applied with comparatively little difficulty, and by moderate effort the head was promptly delivered. The shoulders and trunk were delivered by a *vis a tergo* exerted by squeezing and downward

pressure on the uterus through the abdominal parietes. The placenta was speedily expelled by expression.

There was no apparent laceration of the anal sphincters. There was no unusual hæmorrhage at the time of her accouchement, nor was there subsequent oozing. Firm tonic contraction of the uterus quickly followed a dose of ergot. The anus regained its normal characteristics within a few hours. The subsequent treatment was conducted on general principles, viz.: rest in the recumbent posture, antiseptic irrigations per rectum, etc. There was nothing uncommon in her convalescence. She was able to sit up on the sixth day, and entered upon her accustomed domestic avocations at the end of the second week.

On the 8th of October, five months and sixteen days after her accouchement, I was granted the privilege of a thorough examination, and found, as already stated, entire absence of the ostium vaginæ. All the parts within the vulva presented the characteristics of virginity—the clitoris was normally developed and situated; the vestibule and posterior commissure bore no signs of having been stretched, distorted, or lacerated by childbirth; the urethra was in its proper place; the nymphæ and labia majora were in every respect natural in their virginal symmetry of outline. Two fingers were readily introduced into the rectum and passed upward along the anterior rectal wall for a distance of about two inches, when it was clearly appreciable that the surface gradually sloped forwards and upwards and merged into the anterior vaginal wall, which at this point was natural in its anatomical relations. From a half to an inch below the *os uteri* could be distinctly felt the free edge of a membranous curtain, which represented the upper third of the recto-vaginal septum. There was nothing abnormal either in the size or position of the uterus, or in its relations to the vagina.

Examination with the speculum fully confirmed the revelations of the digital exploration. The most painstaking investigation failed to detect the slightest trace of cicatrical tissue. My conclusion was that the malformation was congenital.

The woman has borne three children, all at full term and well developed, but dead. The cause of death seemed to lie in the early drainage of the amniotic fluid, and the protracted labor. Nothing noteworthy occurred during either of her accouchements, except their continuance beyond ordinary limits and the exhaustion which, as a natural consequence, ensued. Her labors had lasted, she said, about two days; but had not in either instance been followed by fever, pain, abnormal discharge, or other evidence of inflammatory action. Her convalescences had been uniformly short; sitting up on the sixth day, and resuming her ordinary duties at the end of the second week. Menstruation has always been regular (except during pregnancy) as to interval, duration and quantity lost, and painless. Sexual desire and its gratification during coitus was in every respect satisfactory. She had never been made aware, either by the exit of the menstrual flux, the method of sexual intercourse, or even the strange manner of her accouchements, that she was different from other women. Her husband, after being closely questioned, asserted most positively that he had never entertained the faintest suspicion that there was anything the matter with his wife, out of the usual order of things.

Development of Mammary Functions by the Skin of Lying-in Women.

Before the Royal Medical and Chirurgical Society Dr. F. H. CHAMPNEYS contributed a paper on the Development of Mammary Functions by the Skin of Lying-in Women. After referring to numerous abnormalities of the breast and nipples, the author proceeded to give thirty cases of the condition described in the title of this paper, occurring between October, 1882, and November, 1884, in the General Lying-in Hospital. The right side was affected in 14, the left in 1, both in 15. The lumps in the right side predominated both in frequency and size. The author then described the situation and characters of the bodies referred to, and their course of development; during lying-in this usually coincides generally with that of the breasts. The secretion was of three principal kinds: (a) Granular debris, like the secretion of sebaceous follicles; (b) colostrum; (c) milk. It was expressed from the situation of the sebaceous follicles, as marked by the situation of the hairs. The whole surface of the lump produced secretion; there was no centralization. The cases were seen by numerous observers. Three typical cases were given at length, and instances of the following conditions were then described by way of contrast: Extension of mammæ into axillary folds; axillary mammæ with axillary nipples, pores, or ducts; supernumerary nipples without special gland substance (including one case having a typical "axillary lump" in the skin of the right axilla, and also three small "axillary lumps" on the right side, and three rudimentary nipples, two on the right side and one on the left). The cases of "axillary lumps" were believed to be now described for the first time. They seem to prove that in lying-in women the sebaceous follicles of the skin are capable of producing true mammary secretions. The transition from granular material, through colostrum, to true milk, is distinct and unmistakable. They confirm the opinion that the breast is a highly specialized aggregation of highly specialized sebaceous follicles. The least specialized form is that here described, where the skin is merely thickened, and the sebaceous glands may produce true mammary secretions. The next form is that where there is an aggregation of the ducts, which open by one or more external pores. The highest rudimentary form is where a nipple or more are superadded to the last variety. It is also well known that nipples may be developed independently. It is far from improbable that these "axillary lumps" may share the pathological affections of the breast, and even be the seat of abscess. Reference was made to some affections described by Verneuil as "hidrosadénite," and believed by him to be situated in the sweat-glands. A case of "axillary lump," painful during menstruation, was given. The paper concluded with a table of thirty cases of "axillary lumps," giving the side affected, dimensions when first noticed, largest on which day, state when last seen, secretion, and remarks.

Mr. G. D. Pollock believed that this was the first paper that had been contributed on the subject.

Mr. Alban Doran said that Dr. Champneys' valuable researches supported the embryological as compared with the morphological view of the mode of origin of supernumerary nipples and glands. If these structures were really relics of organs of our ancestors, then they ought not to be found in the axilla, for in no

animals did these glands occur in that situation. That Dr. Champneys' lumps were specialized forms of cutaneous sebaceous glands was highly probable.

Dr. Creighton regarded Dr. Champneys' researches as having been productive of a considerable discovery. He believed, however, that the lumps or glands were not derived from sebaceous glands, but from another cutaneous structure that existed in the human axilla. He had incidentally described this glandular stratum in a paper read before the society four or five years ago. Similar structures were met with in the skin of a dog. In the human axilla they had been described by Sappey, Kölliker, and Frey. These glands were coated by a remarkable layer of plain muscular fibres. They were composed of peculiar yellow granular cells, were of a larger size, and had a shorter neck, than the ordinary convoluted sweat glands. In the Australian platypus Meckel had described them as *glandula-humoralis lymphatica*. The remarkable muscular coating would enable a diagnosis to be made between them and sebaceous glands. This would afford a distinction when an opportunity arrived for an anatomical examination of a case of Dr. Champneys' lumps.

Dr. John Williams said that during menstruation pain and fulness occurred frequently in the breast. It would be interesting to know, therefore, whether the axillary lumps of Dr. Champneys ever exhibited signs of their existence during menstruation. In one case which Dr. Williams had had the opportunity of watching, some swelling and pain in the axilla corresponding to the position of these lumps were detected.

Dr. Bennett related a case of swelling in the axilla which was associated at the menstrual periods with sweating; the tumor was removed and found to be an oval flattened lipoma.

Dr. Champneys, in reply, regretted that he was unable to show a living specimen. He did not doubt the existence of—indeed he had described—extensions of the mammary gland into the axilla. But the axillary lumps were of a very different nature, as he had shown in the paper. He was inclined to accept Dr. Creighton's view of their origin. These lumps were not perceptible before delivery, swelled after parturition, and again slowly decreased in size; in these features, and in yielding a secretion of milk, they differed altogether from lipomata.

Notes of Cases of Puerperal Convulsions Treated with Pilocarpine.

Dr. JAMES MURPHY thus writes in the *Lancet*:

Case 1.—On November 27, 1885, Dr. Prowde asked me see Mrs. C——, aged thirty, at the Sunderland Workhouse. She was admitted on August 20th, and was eight months pregnant with her first child. A month before I saw her she showed signs of œdema, and this continued till November 27th, when she was seized with violent convulsions, which recurred every twenty minutes, and then she at once lost all consciousness, and could not be roused in the intervals between the fits. Her breathing was remarkably stertorous; her pulse was 120, hard and wiry; her face, trunk, and extremities very much swollen; and the small quantity of urine removed from the bladder became almost solid on the addition of heat and nitric acid. The cervix was hard and had not been taken up; the os would admit a No. 12 catheter; the vagina was dry; and, in fact, there was

no sign of labor. A third of a grain of pilocarpine was at once injected beneath the skin of her arm; within two minutes saliva commenced to pour out of her mouth, necessitating the use of a tin vessel to catch it in; and within five minutes she was in a profuse perspiration all over her body, the drops standing out on her forehead and chest like large beads. She had a slight convulsion shortly afterwards, which was the last she had, and obviously the question at once presented itself, should labor be induced or an expectant treatment followed? After anxious consideration, Dr. Prowde and I decided that it would be hopeless to permit pregnancy to continue in a completely water-logged woman, quite comatose, who had already had some twenty convulsions, and with her breathing and pulse as mentioned. The cervix was accordingly gently dilated with the finger, a Barnes's bag introduced, then another, and so on till the os was fully dilated, which occupied a little over two hours, when Tarnier's new forceps was applied, and a living male child was delivered, chloroform having been freely administered the whole time to prevent muscular movements and to assist the pilocarpine to lessen arterial tension. She continued insensible and almost maniacal for two days, on each of which she had a third of a grain of pilocarpine, which roused her and made her more sensible for some hours, and she then rapidly improved, the urine gradually becoming freer from albumen, till at the end of a fortnight it was normal, and at the end of a month, thanks to Dr. Prowde's skill and attention, she and her child left the workhouse, both quite well. She had suffered for many years from right facial paralysis and slight deafness on the same side, which were in no way affected by the attack or the treatment.

Case 2.—On March 6th, 1886, Dr. Coatsworth Watson sent me an urgent message to come to assist him with a lady, aged twenty-eight, who had come a fortnight beyond her calculated time with her first child. She had spent an excellent pregnancy, and on this day had been out for a walk, but complained very much of headache, and latterly had some swelling of the legs. An hour before I saw her she was suddenly seized with a convulsion, and lost all consciousness. On Dr. Watson's arrival he at once administered chloroform, without producing any effect on the convulsions, as (though I was summoned by telephone and arrived very shortly after him) she had had four fits during its administration, and as I entered the room was in one of the most violent convulsions I have ever witnessed, and appeared to be on the point of death. A third of a grain of pilocarpine was quickly injected, which acted rapidly, and she had no more convulsions during her labor, but it was deemed safer to continue the chloroform; her pulse was almost imperceptible, ranging from 140 to 150, and her breathing stertorous. On examination, the head was found well down in the pelvis, and the os thin and of the size of a shilling; an ounce of urine was drawn off highly charged with albumen. Having rapidly but carefully discussed all the circumstances of the case, Dr. Watson and I decided to at once rupture the membranes, and to introduce the largest sized Barnes's bag, which, as the pains were very strong, was expelled in about twenty minutes, when Tarnier's new forceps were applied and a dead male child delivered. Two hours later a second third of a grain of pilocarpine was administered as a prophylactic, and all went on well for twenty hours, when she had a slight convulsion, necessitating the administration of a third dose of pilocarpine, after which Dr. Watson placed her on a mixture of

jaborandi, which in a few days was changed for tincture of the perchloride of iron and spirit of nitrous ether, and under his skilful and judicious care she made a speedy and excellent recovery, the albumen disappearing on the fifth day.

Case 3.—On April 14th, 1886, Dr. H. Shapter Robinson kindly asked me to see a primipara, aged twenty-one, whom he had attended ten hours previously in her first confinement, all going on well. Shortly after he left the house convulsions set in, and occurred every half-hour up to the time of our visit, when we found the patient in a dazed condition, with widely dilated pupils; but she could be roused to answer questions fairly well. A third of a grain of pilocarpine was at once injected into her arm, and in a few minutes the characteristic salivation and diaphoresis occurred; and with the exception of one slight convulsion afterwards all went on well under the able and efficient treatment of Dr. Robinson, who, on the occurrence of the last-mentioned convulsion, injected a second dose of pilocarpine. Mother and child continue in excellent health.

This case makes the sixth that I have treated with pilocarpine, the first five being very severe cases; and I am thankful to say all the mothers made excellent recoveries, and four of the children are saved and are now alive.

My first case occurred in my own practice on March 30th, 1883: a multipara aged thirty-nine, in her tenth pregnancy. She had nine convulsions, before being seen, and was comatose and œdematous. The urine contained a large quantity of albumen. One-third of a grain of pilocarpine was administered every six hours. Labor came on twenty-four hours after the first visit; child dead. The mother became conscious next day, and rapidly recovered. My next case occurred on June 6th, 1883, in a patient of Mr. Morgan's, a multipara, aged twenty-eight, seven months pregnant. She had thirty-three convulsions. The urine contained a large quantity of albumen. Chloroform and other remedies failed. One convulsion only occurred after the administration of pilocarpine. Pregnancy went on to normal length; living child. These two cases are recorded fully in the *American Journal of Obstetrics* of December, 1883, and an analysis of the urine in the second case is given, showing how the urea was diminished.

The third case occurred on March 27th, 1884, and is recorded by Dr. Ridley Dale in the *Medical Press and Circular* of April, 1884. The urine was very much reduced in quantity, but at the onset there was no albumen, which, however, appeared in a few hours. Pilocarpine having been administered, the convulsions ceased; but they returned the next day, when the drug was administered, with cessation of the convulsions. Both the mother and child did well.

These six are the only cases of eclampsia I have seen during the past three years, and in their treatment pilocarpine has acted so satisfactorily as to leave little to be desired.

Treatment of Puerperal Insanity.

Dr. M. D. MACLEOD thus writes in the *Brit. Med. Jour.*, August 7: In an early stage of puerperal insanity, attacks may possibly be arrested by treatment, which should be on the lines of rest, support and a somewhat derivative evacuation of the bowels. I have known a case, with considerable excitement, get well after a smart purge, a single dose of chloral, and good diet. If, however, the insanity has become fairly established, treatment and care are matters requiring time and trouble.

What to do with a case must depend, to a great extent, upon the circumstances and surroundings of the patient. If poor and unable to afford the appliances for home treatment, the sooner such a patient is sent to the county or nearest available lunatic asylum, the better for her chances of recovery and life. Recent parturition should be no obstacle to her removal. I have known cases, where a fear that sending them away too soon after the labor would do harm, get so weakened from want of nourishment and other proper treatment, that the removal to the asylum was all but too late. I have not, on the other hand, seen any injury of consequence follow a prompt removal of a patient in the first few days of the puerperal state.

If, however, the means and surroundings of a patient will permit of it, sending her to an asylum is neither necessary nor desirable.

The patient must be placed under the absolute control of a skilled nurse, who must, of course, act under the direction of the medical attendant. At first, the medical attendant should be prepared to see the patient several times a day, and be within call. The attendance and interference of friends and relatives, unless they happen to be people of sound sense, must be firmly dispensed with. One skilled nurse, in milder cases, assisted by an intelligent woman, will generally be found sufficient; but in acutely maniacal cases, two nurses (one for day and one for night duty), assisted by two robust women, will be required.

A large, light, well ventilated, and properly warmed bedroom will be the best at first, and the patient should be kept confined to it. As circumstances require, other apartments can, of course, be available afterwards. The sanitary arrangements of the house should be good, and the use of antiseptics be encouraged. In the earlier stages, the patient is apt to be filthy in her habits; to prevent nuisance from this cause, all carpets should be taken up, and replaced by movable mats where required for comfort. The bed should be roomy and not high—indeed, where the patient is very restless, a bed made up on the floor is the best. In cases where the clothes are torn up by the patient, a garment of strong stuff, lined with flannel, lacing up the back, will be found very serviceable. All superfluous furniture should at first be removed, as well as anything the patient might injure herself or other people with; for instance, a piece of long firewood will do to poke the fire with, and be a less lethal weapon than an iron poker. The patient must on no account be left by herself; and it is advisable that, at night, the windows should be shuttered.

The first consideration in the treatment, and one that must for the time overshadow all others, is to see that the patient gets sufficient food. The diet should be nourishing, digestible, and somewhat stimulating. Beef-tea, broths with the vegetables strained out of them, farinaceous food, and, above all, milk and its preparations. A reliance upon beef-tea by itself as a food is as much a delusion as any the patient labors under. It is an excellent stimulant, however, if good, and, with farinaceous foods, is nourishing. Eggs and milk as custard, with some wine, are excellent. Alternate the kind of food, and administer it often. If the patient will not take it from one person, try some one else. If not from a woman, let a man offer it. I have often succeeded in getting such a patient to take a large basin of custard from my own hands when several nurses had failed to persuade her. It is by no means a bad plan to engage a patient's atten-

tion by chattering nonsense to her, while diligently spooning food into her mouth. If the patient cannot be prevailed upon to take food naturally, it must be promptly administered artificially. The means of doing so do not matter much, so long as she gets it. My own preference is to administer it through the stomach-pump, attached to a flexible India-rubber tube. The tube should be lubricated with glycerine. Food is easily administered in this way, and it is a sure method. Seldom are more than six feedings required for any patient, after which she will usually take food of her own accord. Through the pump food should be given every four hours. Milk and eggs with wine, beef-tea thickened with corn-flour, but, in cases where the feeding has to be prolonged over three days, mutton minced fine enough to pass through the tube, should be given once a day. Some malt-extract among them adds to the value of farinaceous foods; and, no doubt, in such cases, peptonized and pancreatized foods will be found valuable. Dr. Campbell Clark speaks well of enemata of defibrinated blood. Stimulants should be given freely, but with caution, and always along with food. If a patient vomits while the tube is being withdrawn, as she will often do the first once or twice, it cannot be helped; the feeding must be gone on with. Some of the food injected remains each time. The patient should be fed in a recumbent posture, and kept so for some little time after the operation is over. I have added ten grains of subnitrate of bismuth to each feeding with benefit for this vomiting; and, in extreme cases, I have found a subcutaneous injection of one-sixth of a grain of morphine half an hour before the feeding do good.

During the whole treatment, the diet must be generous. Let the patient have what she likes if wholesome, but, above all, plenty of it. The bowels should be carefully attended to, and kept open, for they tend to be confined. The state of the vaginal discharge and the urine require close attention. Bed-sores are apt to form rapidly in exhausted cases. Rubbing the skin over parts liable with an alcoholic solution of tannic acid, to some extent prevents or retards their formation. If the breasts are tender and distended with milk, they should be rubbed with belladonna extract, dissolved in glycerine; or friction with castor-oil or salt, as Dr. Savage recommends, relieves them. Avoid the use of narcotics if you wish your patient to do well. In occasional cases, where there is great insomnia, a single dose of chloral given at night, along with some porter or some sherry, with a view of inducing sleep, may do no harm, and, if it seems to do good, use it sparingly, and with caution. If the patient can be got to take nourishment, sleep will come. Intercurrent bodily diseases should be looked for, and treated as they may require. Use the thermometer regularly. If the temperature goes over 99° , something is amiss, and must be discovered.

As the patient progresses towards convalescence, and the excitement begins to subside, outdoor exercise should be encouraged, on foot, if the strength will allow of it, driving if not. As early as possible, the patient should spend all the time her meals and the weather will permit of in the open air. Some light manual employment while indoors, such as sewing or knitting, will be found useful in occupying her mind.

When the excitement has passed off, the patient should be allowed to see her friends, or even sooner if she asks for them. A visit from her husband may do

her good, or, if apparently it does harm, the effect will not be lasting, and the visit need not be repeated for a time. If friends do see her, advise them not to fuss, or talk foolishly, but to address the patient as a rational being. During the stage of stupor that so often follows the excitement, visits and converse with husband and relatives are often of great benefit. Tonics and hæmatonics are most useful during the convalescence; and, in women who are strong, morning shower-baths are beneficial where there is lethargy or stupor. If the case goes badly from the first,—if complicated septicæmia or inflammatory conditions, or a high temperature persist—these must be treated on general medical principles, with due attention to proper support.

The foregoing directions apply more particularly to acute cases, but milder cases, and ones where there is less excitement, must be treated upon the same lines. At first, rest, nourishment, and nursing, avoidance of narcotics and depressants, and vigilant observation for complications. Then exercise, employment, and gradually society, attention being given to the restoration of physical health. The treatment of cases where depression is the most prominent mental symptom differs but little. Less physical force is required to control the patient, but vigilance must be strictly enjoined, for here the suicidal propensity is strong and persistent. The need for nourishment is as pressing as in maniacal cases, and outdoor exercise is as beneficial. In all cases, as convalescence progresses, attention should be given to the state of the menses. No case can be considered as cured till the menstruation is regular; aloes and iron pills, ergot and warm hip-baths, are indicated. I have found potassium permanganate given in pills most useful in this respect.

A patient who has recovered from puerperal insanity should not be allowed to resume the society of her husband too soon. A pregnancy following quickly upon an attack of this insanity is fraught with considerable danger of a recurrence. If, however, she does become pregnant, she should be encouraged to look forward to her next confinement without apprehension, and the fears of her relatives should be studiously concealed from her. When labor takes place, and is safely over, the convalescence should be carefully watched, and more than ordinary attention paid to the state of the milk, lochia, and the excretions. The patient should not be allowed to get low in strength, and, as far as possible, all emotional and disturbing elements kept away from her.

With these and like precautions, based upon intelligent medical experience, the danger of recurrence may be averted; but it must always be remembered that an attack of puerperal insanity not only predisposes a patient to a recurrence after the confinement immediately succeeding it, but also to a recurrence after all the subsequent ones.

Few diseases bring along with them such distress, anxiety, and sorrow as puerperal insanity does. It mars a time of rejoicing and joy in what, under other circumstances, would be a happy family circle, and, by its fell presence, changes bright hopes and congratulations into lamentations and woe.

VII. SURGERY.

Laparotomy Performed under Cocaine.

At the stated meeting of the Clinical Society of Maryland, June 4th, Dr. L. McLane Tiffany reported a case of laparotomy performed under cocaine (*Maryland Medical Journal*) :

He cut off the circulation from the line proposed for incision by pressing upon the abdomen a wire pessary covered with rubber and bent in the shape of a long narrow rectangle. He then injected along the line 30 minims of a 4 per cent. solution of cocaine. The incision when made was painless until it was extended beyond the line of injection of the salt, when the patient complained of pain. An amputation of the penis was made in the same manner without pain, the organ being constricted at its proximal end.

Periostitis following Enteric Fever.

To the Academy of Medicine in Ireland, Dr. H. C. TWEEDY detailed a case of this comparatively rare affection. The patient, a man aged 33, was treated in Steevens's Hospital for enteric fever. Shortly after convalescence had commenced, his temperature again rose, and a painful fluctuating tumor, oval in shape, appeared beneath the sternal attachment of the great pectoral muscle on the right side, and corresponding to the second, third, and fourth ribs, and their cartilages. After some time the swelling subsided, and finally disappeared altogether. Having alluded to the descriptions given of this disease by different authorities, who variously assigned as its cause direct injury, septicæmia, and impaired nutrition, Dr. Tweedy concluded by noticing some of the principal characteristics of the disease. It occurred most commonly during the stage of convalescence, although cases were recorded in which it appeared as an actual complication of enteric fever. It attacked most frequently the tibia and the ribs, but it had been observed on the femur, the humerus, the ulna, and the parietal bone, and it rarely occurred on more than one bone at a time. The disease was usually chronic in its course, suppuration generally taking place after a time, Sometimes necrosis followed when the long bones had been engaged, although this termination had not been noticed in periostitis of the ribs ; while occasionally, as in the instance cited, the case terminated in a spontaneous cure.

Danger of Gangrene to the Intestine Incurred by Separation from its Mesentery.

D. G. ZESAS, in an interesting article in the *Archiv. f. Klin. Chirurg.* has published the results of his experiments (on this subject) with a brief *résumé* of the most recent investigations. His observations show that the vitality of the intestine is dependent upon the integrity of the vascular system at its mesenteric at-

tachment. This cannot be injured without great danger of gangrene resulting from interruption of nutrition. Separation, on the other hand, of the mesentery not less distant than two or three cm. is comparatively harmless, since the abundant anastomosis distally situated protects the intestine from interference of nutrition without difficulty. His conclusions are:

(1) That portion of intestine must always be resected which has been separated from its mesentery at its point of attachment to the gut, for gangrene is inevitable.

(2) Resection is not necessary (of the separated tract) when the point of separation is two to three cm. distant from the intestinal attachment.

(3) The greater the extent to which the intestine is separated, the greater the danger of gangrene.

(4) In transverse sections of the intestine the mesenteric separation should be avoided beyond the line of division, or danger of gangrene occurs.

(5) Small and large intestine tolerate equally well a distant separation from their mesenteria.

Bone Drainage in the Treatment of the Early Stages of Hip Disease.

Before the Academy of Music in Ireland, MR. STOKES read a paper on bone drainage in the treatment of hip disease in its early stages. The author commenced by alluding to the fact that hip excision is not maintaining the position in surgical estimation that other joint resections occupy, which he believed to be due to a twofold cause—1st, the rarity of the cases in which the disease is sufficiently limited to enable the disease to be completely removed; and 2d, the difficulty of maintaining fixation of the limb after the operation. He pointed out how very disheartening the statistics of the operation are, as shown by Dr. Yale and many German operators of eminence. He also showed that the results of the cases treated by methodical expectation, especially where suppuration in the joint occurs, are hardly more encouraging, and quoted Hueter's opinion that suppuration in the hip-joint is a "nearly absolutely fatal process." The principles of treatment that, as a rule, are mainly relied on were then discussed, and shown to be too frequently unsatisfactory. The author then discussed the views of Sir B. Brodie and others as to the pathology of the early changes in scrofulous hip disease, and inclined to the opinion that those held by that distinguished surgeon were correct—viz., that in the great majority of instances the primary changes consisted in an inflammation in the cancellous tissue of the bone, the result usually of a traumatism. The views of other surgeons and pathologists were then mentioned, notably those of Mr. Cooper Foster, Mr. E. Owen, and Mr. Hilton. Assuming that Sir B. Brodie's views were correct, the author drew attention to the desirability of giving an early exit to the inflammatory exudations in the cancellated tissue of the bone, and thought that could be best done by the manner recommended originally by Mr. Kirkpatrick—viz., by perforating the bone and freely applying potassa c. calce along the tract of the wound of both the soft and osseous structures. In illustration of the advantages to be derived from this line of treatment, the author gave the details of three cases in which he employed it, and in which the results were very encouraging.

The Treatment of Hydrarthrosis of the Knee by the Methodical Application of Elastic Pressure.

The *Med. News*, quoting from the *Manchester Chronicle*, says: Elastic compression alone exercises persistent action which produces favorable results. A very ingenious proceeding for keeping up continuous compression is that employed by RUGGI, of Boulogne. This surgeon treats hydrarthrosis of the knee by the constant application of a bag filled with shot: this exercises a uniform and permanent action, and produces very rapid absorption of the fluid. The advantage of this procedure consists in its exercising pressure without producing any strangulation, the pressure being applied to the anterior surface of the knee, leaving the other surfaces, especially the posterior, quite free. The only inconvenience attached to this method is the difficulty in maintaining the shot-bag always in position. It also condemns the patient to a state of absolute immobility, in the recumbent position, during the whole length of the treatment. To obviate these drawbacks the author employs Esmarch's elastic bandage, and applies it in such a way as to overcome the objections to the ordinary methods of compression. A zinc gutter splint is applied to the back of the knee, and fixed by an ordinary bandage to the leg and thigh. Compression of the knee is now produced by the application of the elastic bandage, which embraces the posterior splint. The compressing force may be very considerable, without interfering in any way with the circulation through the limb. The author cites some cases to illustrate his method, and in which he has obtained very satisfactory effects. Compression by the elastic bandage has been employed by English surgeons for many years in the treatment of joint effusions, also in the early stages of pulpy degeneration of the synovial membrane. The novelty of the modified plan suggested in this paper rests in the ingenious method adopted for preventing the bandage exercising undue and undesirable pressure on the vessels in the popliteal space, and to this end it may, no doubt, be adopted with safety.

Conditions which Aggravate Syphilis.

From the *New Orleans Med. and Surg. Jour.* we learn that Fournier maintains that the gravity of syphilis depends not so much upon the quality of the syphilitic virus as upon certain physical conditions existing in the infected individual. These conditions he discusses as follows:

1. **Alcoholism.** A powerful factor in increasing the virulence of this affection, favoring the spreading and increasing the intensity of the cutaneous lesions; producing severe symptoms, tertiary in character, early in the secondary stage of the disease; creating special types of eruptions, malignant, and involving large areas of the skin surface, causing more frequent outbreaks of the syphilides, depressing the system and sometimes determining a cachexia, which brings on death at times, and finally predisposing to early nervous manifestations and causing deposits in the brain and spinal marrow.

2. **Age.** Syphilis is always severe at the two extremes of life. In the infant the disease, whether inherited, congenital, or acquired, is very frequently fatal, this being in strong contrast with its benignity in the child, two, five, or six years of age. In the adult it is usually mild. After fifty or fifty-five years the disease begins to be severe, and in old age it is extremely virulent, the chancre having

a tendency to become large and phagedenic, the syphilides ulcerating easily, tertiary symptoms, gummata, and cerebral syphilis showing themselves early.

3. Scrofula and tuberculosis act on syphilis and give rise to special symptoms, and at the same time syphilis exerts an unfavorable influence on those diseases. In those cases the syphilides have a moist, suppurating, and fistulous character; ocular, osseous, and articular lesions are frequently present; and the larynx, pharynx, and nose are early and deeply involved. In scrofulous subjects a particular mixed kind of inflammation of the glands is noticed, and in young subjects lupus is common. In patients with a tuberculous tendency pulmonary lesions are very often hastened.

4. Malaria also predisposes to grave forms of syphilis, as is known to all those who have had the opportunity of following the latter affection in persons affected with malarial toxæmia.

5. All the agents which depress the vital economy can serve as factors of virulence in syphilis, such, for instance, as extreme poverty, bad hygiene, insufficient alimentation previous or accompanying disease, pregnancy, prolonged lactation, fatigue, mental worry, etc.; the most common, and, therefore, the most important of these being extreme poverty.

Remarkable Accident while Tapping a Hydrocele.

A rare and remarkable accident during the ordinary operation of tapping a hydrocele is reported from Bordeaux. The patient was a healthy peasant of forty-four years of age, who had never suffered from any venereal affection. The hydrocele, which was on the right side, had been in existence some two years, and had followed an accidental blow. As it continued to increase in size, he sought advice, and was admitted into M. ANDRÉ BOURSIER's clinic. When the trocar was introduced, about 125 grammes of straw-colored fluid came away. M. Loumeau, who performed the operation in M. Boursier's presence, then, having satisfied himself that the extremity of the cannula was free in the cavity of the tunica vaginalis, proceeded to inject gently sixty grammes of a mixture of tincture of iodine with twice its volume of water. All at once the patient complained of severe pain in the cord and the loins, with cramp in the right forearm. The ulnar border of the right hand then became flexed, the ring and small fingers being completely flexed, while the index and middle fingers, though extended as far as the second and third phalanges were concerned, were flexed at their metacarpo-phalangeal articulations. The thumb also was flexed and brought near the fingers. Exactly the same position was shortly afterwards assumed by the left hand. There were no convulsions or syncope. After a few minutes the "ulnar griffe" began to relax, and the index and middle fingers became flexed completely on the hand, which itself became strongly flexed on the forearm. All the muscles on the front of the forearm became hard and contracted. The palmar fascia was strongly retracted, and the palmaris brevis quite tense. On both sides the ulnar affection had given place to contraction of the muscles supplied by the median nerve. The patient was unable to articulate a sound, his tongue hanging loosely in the buccal cavity. The muscles supplied by the hypoglossal nerve were also contracted, but for a short time only. The forearms were shampooed, and after nearly an hour the muscles relaxed. The patient recovered

completely, and left the hospital after a few days. M. Loumeau has been unable to find an example of this kind in medical literature; but M. Desplats, of Lille, published a paper on pleural eclampsia last year in the *Semaine Médicale*, in which he refers accidents connected with pleural operations to four categories: (1) Toxic action of the liquid injected; (2) true epilepsy; (3) uræmia; (4) reflex action. The author surmises that the accident was due to reflex irritation of the nerves of the serous membrane by the liquid injected. The testicle, it may be remarked, was in no way injured. Whatever explanation may be offered, the fact remains, which is itself sufficiently extraordinary, of a healthy peasant man of middle age being thrown into a state of severe nervous spasm by the performance of a very simple and very common surgical proceeding.

Gonorrhœa Contracted by Rectal Coition.

The *Maryland Med. Jour.* says: The *Medical News*, of August 14, contains an article from the pen of Dr. RANDOLPH WINSLOW, of this city, in regard to an outbreak of gonorrhœa contracted from rectal coition. During 1883 and 1884, a series of cases of urethral gonorrhœa occurred in a certain institution, where the surroundings were such as to render it certain that the disease was not contracted in the usual manner from women. Briefly stated, the facts are as follows: There is a certain institution near Baltimore in which a large number of boys reside, and these boys with a few exceptions enjoy only a very restricted liberty, as an eighteen-foot stone wall encloses the premises, and the inmates are seldom beyond the sight of an officer. No females were employed at the institution, except middle-aged women as cook and laundress, and owing to the rigid surveillance it would have been impossible for the boys to have had illicit relations even with these women. Notwithstanding these facts, numerous cases of gonorrhœa and epididymitis occurred amongst the boys, the origin of which for a long time remained a mystery. The authorities were certain that the boys had had no opportunity to have connection with women, as some of those with the disease had not been outside of the institution for several months, and the affected youths ascribed the trouble to such causes as straining, masturbation, and wearing the shirt of another. Finally, however, the origin of the outbreak was traced to sodomy. This vice had been practiced occasionally, but without any apparently ill effect upon the health of those indulging in it, but upon a certain occasion a boy who was absent upon leave of absence contracted gonorrhœa in the usual manner, and after his return he cohabited with one of the boys and produced proctitis of a gonorrhœal character. Similar favors were granted other boys, and as a result a number of cases of urethral disease were set up, and so the disease spread from one to another, until at least ten had been infected with gonorrhœa and epididymitis. Some of these cases were severe, and one was very ill with gonorrhœa of the urethra and metastatic abscesses in various portions of the body. As several of these cases came under the personal observation of Dr. Winslow, and the others under that of an equally reliable observer, the authenticity of the facts recorded can scarcely be doubted. The occasional occurrence of gonorrhœal inflammation of the rectum is vouched for by a number of authors and is denied by others, but it seems pretty well proven that such a condition does occur. Dr. Winslow examined the rectum of two of these boy prostitutes,

and found evidence of inflammation in each, increased vascularity, pain, and tendency to bleeding; whilst Dr. John Morris, of this city, records in this *Journal*, June 1st, 1882, the case of a lady who suffered from rectal gonorrhœa, the chief symptoms of which were pain, spasmodic contraction and formication. It is evident then that rectal gonorrhœa does occur, either from the inflowing pus from the vagina in women, or from pæderasty in both sexes. So far as we have known, however, the cases recorded by Dr. Winslow are unique; at least we have never heard of urethral gonorrhœa being contracted in this manner, and they afford an interesting addition to the literature of this disease. In this connection we recall the statement of the Apostle Paul, as recorded in the first chapter of the Epistle to the Romans, "And likewise also the men, leaving the natural use of the woman, burned in their lust one toward another, men with men, working that which is unseemly and receiving in themselves that recompense of their error which was meet." By the law of the land sodomy is considered a crime, to which a severe penalty is attached, and those who indulge in it are sure sooner or later to receive some "recompense of error," whether that be gonorrhœa or corporeal castigation, or simply the consciousness of having done an act which no beast except man is guilty of committing.

Latent Syphilis—A Case.

DR. E. R. PALMER thus writes in the *Jour. Cut. Ven. Diseases*: In April, 1883, A. B., aged 22, blonde, a commercial traveller, contracted three sores on the mucoid surface of the prepuce. They were shown to several doctors in different towns, cauterized each time, and each time pronounced non-infecting sores. On July 17 he consulted me. The three sores had coalesced, were suppurating freely, and notwithstanding past treatment were not indurated. A guarded prognosis was given, the sores treated with cotton dressing and diluted Labarraque's solution, and in a few days the patient discharged well, with the injunction to watch himself carefully, and to report to me from time to time. No internal treatment was given, and though examined frequently for the next six months, no constitutional evidences were manifested.

The following spring (1884), the patient presented himself to me with gonorrhœa. The case proved obstinate, degenerated into gleet, and was under treatment first by injection, and afterwards by steel sounds all summer. July 20 he called my attention to two oval purplish blotches, each about the size of a watermelon seed, on the inside of the left leg. Careful inspection failed to discover any other cutaneous lesion, or any enlargement of lymphatic glands. With doubt as to the nature of the eruption freely expressed, he was given one-fifth grain of protiodide of mercury pills—one three times daily for a month—when, the blotches having wholly disappeared, and no new one put forth, we discontinued the mercury, and we addressed ourselves to curing the gleet, at the same time watching for further manifestations of the syphilis (?). He was discharged in the fall, cured of his stricture. During 1885 he consulted me twice, February 25 and June 29, each time for a non-specific trouble. On inspection at these calls he showed no signs of syphilis. In the fall (1885), he consulted me as to the advisability of his getting married. Again I examined him with negative results, and on being further assured that it was nearly nine months since he had had illicit inter-

course, I gave my sanction, and he was married in December to a beautiful and highly accomplished young woman.

Two months afterwards he came to my office with an abrasion on his foreskin. He stated that a few nights previously he had torn both himself and his wife while having intercourse. The sore he exhibited appeared wholly benign, and on his assuring me that it was now some twelve months since he had gone astray, I gave him a little vaseline locally, and dismissed him. Four months afterwards he came to me exceedingly depressed, with the statement that his wife's physician had just told him that she had syphilis. On inquiry, I learned that the lesion on his penis had healed in a few days, but that shortly afterwards a "small lump appeared at its former site, that he again used the vaseline and the lump went away." Physical examination showed left mastoid gland and left epitrochlear very slightly enlarged, nothing else.

The history given of the wife's case was as follows:

About two months after the night of the accident, she discovered herself to be sore at the point of previous laceration, which had long since healed and been forgotten. Six weeks later a papular eruption appeared, and now, four months after infection, she is profoundly syphilitic, though improving rapidly on Otis' *pil. duplex*. Her case was placed under my care by her physician, its gravity being increased by the fact of her being four months pregnant. Examination of the vulva showed a very small *ostium vaginae* with a discolored oval cicatrix at the base, external, of the right labium minus. The abrasion on the husband occurred on the left side of the foreskin, and to complete the history of the infection, I will state that the penis in the case is an unduly large one.

Both husband and wife have been known to me since childhood. He is the embodiment of truthfulness, she of maidenly innocence and purity. Deceit, a false or imperfect history of the case, are out of the question.

Here, then, is a case of syphilis latent for three years, and that latency not due to what Mr. Hutchinson is pleased to call the antidotal influence of mercury or to any treatment whatever. Here, also, is a case instructive from another standpoint, namely, that but for the accidental proof of direct maternal infection, it would go to swell the list of cases by which is supported the claim that in some occult but frequent way the act of impregnation becomes, or is an act as well of syphilization.

Case of Amputation at Hip-Joint, in which Re-Injection of Blood was Performed, and Rapid Recovery took Place.

DR. A. G. MILLER thus writes in the *Edinburgh Med. Jour.*: G. T., æt. 18. Admitted 5th December to Ward XVI., Royal Infirmary, with strumous disease of both hips, left knee and left elbow, and a large abscess connected with the left hip. He was very weak and anæmic.

History.—Had rheumatic fever eighteen months ago, also erysipelas. Was under Dr. Duncan's care in Royal Infirmary nine months ago for disease of right hip.

Present Condition.—Right hip improving, but extension still necessary. Left knee and elbow affected with synovial degeneration. Left hip extensively diseased, a large abscess communicating with the joint.

The abscess was freely opened and drained on the 8th December, which gave some relief. But as the patient still suffered great pain, and there seemed no prospect of ultimate recovery, or even much improvement, amputation of the left leg at the hip-joint was suggested. This was agreed to by the parents and the lad himself, the risk from the operation having been fully explained.

Amputation was performed on the 18th December as follows (Dr. Duncan having kindly undertaken the important part of collecting the blood that might flow during the operation and re-injecting it):—

An elastic bandage having been applied from the toes to the middle of the thigh, and a powerful elastic tourniquet at the groin, a rapid circular cut was made right down to the upper third of the thigh, and the femur sawn through. A gush of blood took place, estimated at about four ounces, which was all caught by Dr. Duncan in a vessel containing a solution of phosphate of soda. The femoral artery and some smaller vessels were then tied, and the tourniquet removed. After this a few more vessels required ligaturing, and a few ounces of blood escaped, which, however, Dr. Duncan managed to collect and injected along with the previous quantity into the deep femoral vein. By an incision on the outer side of the thigh the head of the femur was then dissected out. This part of the operation was accompanied by more bleeding than usual (five or six vessels requiring ligaturing), on account of the great vascularity consequent on the extensive amount of disease. The wound was thoroughly washed out with corrosive sublimate lotion, dusted with iodoform, brought together with four button sutures and a few superficial ones, and the stump wrapped up in sublimated wool. After the operation the patient suffered from no shock whatever, nor had he any depression of temperature. For the first few days he was flushed, and had a fuller pulse than before the operation, but he had no rise of temperature. He has made an uninterruptedly good recovery, and is now (nearly three weeks after the operation) able to sit up in bed. The wound has always been dressed under the protection of the spray, and is now quite healed as regards the deeper parts, there being only a superficial granulating surface along the line of the incisions.

The highest temperature recorded was 100.3°. There was slight hæmaturia for two days. The day after the operation the number of corpuscles was four and a half millions.

The case is one of special interest, as illustrating the advantage of Dr. Duncan's method of blood injection, which he described at a recent meeting of this Society.

The patient being in a very weak and anæmic condition before the operation, and the hæmorrhage during the operation having been greater than usual owing to the great vascularity of the parts from the extensive disease, it is very unlikely that he would have survived the shock of the operation had the greater part of the blood not been re-injected.

Dr. Duncan, who watched the hæmorrhage, and measured the blood collected, and re-injected, calculates that the patient had an ultimate gain of blood after the operation. He estimates it thus:—

There was pressed back into the general circulation by the elastic bandage, say ℥v. ; re-injected of blood measured, ℥xj. ; lost in sponges and sawdust, say ℥iiij.

lost from destruction of corpuscles, say $\bar{z}j$.; net gain of blood, say $\bar{z}j$. But to this must be added lymph from leg, say $\bar{z}v$.; solution, $\bar{z}iv$. And also a diminished demand on the general circulation on account of the leg having been removed.

A Case of Reparation of the Extensor Tendons of the Thumb.

ED. SWARTZ says (*Revue de Chirurgie*,) that the interesting feature in this case is, not the simple successful union of divided tendons, a fact common enough in every-day practice, but the particular reparative procedure adopted and its result.

A shoemaker, aged 35, presented himself complaining of inability to extend his left thumb, which existed considerably flexed upon the palm of the hand. The patient stated that two months previously he cut the back of his hand with glass while cleaning some panes. On examination, a cicatrix about half an inch (2 ctm.) in length was seen extending transversely across the back of the wrist joint, at the upper part of the *tabatière anatomique*. The cicatrix moved freely upon the parts beneath; the articulations were intact; the muscles free from paralysis, so that defective action appeared, without doubt, to be due to division of the long and short extensors of the thumb. Closer examination of the parts revealed the peripheral ends of the divided tendons as a small nodosity at the middle of the dorsum of the first phalanx. No indication existed of the position of the proximal ends. A longitudinal incision was made, exposing below the freely movable peripheral ends of the divided tendons, and extending upwards for some distance beyond the cicatrix. A careful search was made for the upper extremities, but without avail. Dr. Schwartz then proceeded as follows:—The synovial and aponeurotic sheath of the first radial [*ext. carpi radialis longior*] was incised, and the tendon made to start out of its bed. About one inch and a half (4 ctm.) from its insertion into the second metacarpal bone, the tendon was split in two in such a way as to leave a deeper part still attached, and a superficial part severed from the bone and free for subsequent use. The thumb being now abducted and extended, it became possible to approximate the ends of the divided tendons. The extremities of the two thumb extensors were freshened and then placed one above and the other below the radial tendon. In this position they were sutured with carbolized silk. The wound was then dressed antiseptically, and the hand fixed upon a suitable splint. During the process of healing some anxiety was caused by a slight suppuration and gaping of the surface wound, together with superficial necrosis of the radial tendon; a deep attachment fortunately, however, remained. The following was the condition of the parts four weeks after operation:—The wound was completely healed. The thumb remained extended. Both extension and flexion could be performed, but the former was effected somewhat peculiarly, the thumb being first adducted and then extended.

Dr. Schwartz also narrated another interesting case where, by a mechanical contrivance, he was enabled to make a very effective substitute for an extensor tendon. The case was one where the long extensor of the thumb had been divided, and suturing of the two ends rendered impossible from complete disappearance of the upper one. A metallic finger-stall embraced the extremity of

the last phalanx like a thimble. The wrist was encircled by a steel bracelet; and between the two, passing along the dorsal surface of the thumb, a caoutchouc tube was kept in position. By this means the thumb was maintained constantly in an extended position, but flexion could be easily effected by the powerful flexors.

Plastic Operation on the Urethra after Fracture of the Penis and Gangrene.

Dr. J. A. ROSENBERGER reports this case (in *Archiv. für Klinische Chirurgie*, Band 33, 1885):

A young man, aged 26, healthy in every respect, both as to his past history and present condition, had the misfortune, seven weeks after marriage, to fracture his penis at the root. The accident occurred during the act of coitus by violent impaction of the organ against the symphysis pubis of his wife. No pain was experienced at the time, but the organ at once began to swell. In consequence of the painlessness, the man saw no occasion to consult a doctor; pain, however, appeared four or five days later. The swelling increased and retention of urine supervened, so that the catheter had to be passed. The swelling continued to increase more and more rapidly, especially in the scrotum, spreading over the front of both thighs and upwards towards the abdomen, so that on the tenth day it was impossible to pass a catheter, and his medical attendant had to make deep incisions into the œdematous and infiltrated scrotum and perineum. Extensive sloughing ensued, and on separation of the gangrenous tissues, a large granulating surface was exposed, laying bare both testicles, a part of the right inguinal region, and the urethral canal for over an inch (3 ctm).

On the question of treatment, Dr. Rosenberger determined, after much consideration, to operate at different times, and by transplantation of small flaps in preference to large ones. On 12th July (6 weeks after the accident), the first flap was cut from the front of the right thigh. Before, however, doing this, the edges of the urethral canal were freshened and two small flaps of mucous membrane raised on each side. The flap from the thigh was about four inches long, oblong in shape, extending from the inguinal region obliquely downwards and inwards, where it remained attached. This, being raised, was applied by its raw surface to the freshened granulating surface of the scrotum and to the raw surfaces of the small mucous membrane flaps brought over towards each other. Thus the lower part of the urethral canal was closed in. Apposition of these surfaces was with difficulty maintained by sewing them together.

On 30th July a second flap was cut, including cutaneous structures from the front of the left thigh and the remnant of the scrotal skin. This was displaced inwards, covering the exposed testicle of that side and the raw scrotal surface.

On 30th August, after the other two flaps were almost healed, a third flap was cut from the inguinal region of the right side. This was brought down and attached to the margins of the other two flaps, thus covering the right testicle, which was displaced considerably upwards, and the remaining raw scrotal surface.

A small piece of the first flap, at its distal extremity, became gangrenous, owing, as Dr. Rosenberger believed, to the frequent erections. To mitigate this disturbing influence, large doses of camphor and opium were administered, but without effect. Dr. Rosenberger then decided to stitch, with a strong silk thread,

the penis to the scrotum, passing the suture above through the skin of the penis immediately behind the corona and below through the flap taken from the left thigh. In this way erection tended, through tension of the suture, to keep the parts in a state of continuous relaxation.

The patient was dismissed on 4th November, with directions to pass a catheter occasionally. A small fistulous opening existed, through which a few drops of urine escaped. By grasping the orifice with the thumb and index finger, all urine passed through the natural passage.

A Case of Extreme Hypertrophy of the False Vocal Cords, with Partial Union, the Result of a Wound of the Larynx.

DR. M'DONAGH reports this case in the *Canadian Practitioner*: K. Josefa, a Bohemian girl, seventeen years of age, presented herself in August, 1885, at the Department for Diseases of the Throat and Chest of the General Polyklinik, on account of extreme hoarseness.

In reference to her history, the patient made the following statement:—Her parents are healthy, and in the family there is no hereditary disease. The patient herself was never sick in her life. About a year and a quarter ago, while at dinner, a small piece of bone became stuck in her throat, and produced severe shooting pain, with cough and difficulty of breathing. The physician who was called in introduced an instrument of the description of a probang, but the pain was, however, not relieved; on the contrary, after this, hoarseness set in, which, together with a difficulty in swallowing, gradually increased, and the latter indeed to such a degree that the patient could not swallow anything, and suffered from severe dyspnœa. In the course of a few days a rupture took place, and a considerable quantity of pus was discharged; whereupon the difficulty of swallowing and the dyspnœa disappeared; the hoarseness, however, remained, and even increased.

When the patient came to the Polyklinik there was complete aphonia. The examination gave the following:—Patient is medium-sized, well developed, heart and lungs quite normal, and on the whole body there was nothing abnormal or pathological to be found. The inspection of the nose and pharynx showed normal conditions, and nowhere was there a cicatrix or evidence of a wound. The examination of the larynx showed the epiglottis and posterior wall normal. Both false vocal cords were, however, very red and much thickened and swollen. In their anterior halves they were grown together, and from the middle to the point of junction of the middle and posterior thirds, where a little round prominence was visible, the free edges were so pressed together that the so-called glottis spuria was almost closed over. Of the true vocal cords there was absolutely nothing to be seen. On attempting phonation, by the approximation of the two arytaenoid cartilages, the posterior thirds of false cords were brought so together that a peculiar hoarse, almost hissing sound was produced; whilst on inspiration the glottis presented a small triangular opening, with a normal interarytaenoid mucous membrane at its base, and its sides were formed by the posterior free thirds of the false cords. Inspiration and expiration were accompanied by a stenosis sound.

From the history and present condition, the diagnosis was made of hyper-

trophy of the false cords as a result of the injury caused by the piece of bone remaining impacted for some time, and cauterization of both cords with chromic acid was decided upon. After anæsthesia had been produced by a 10 per cent. solution of cocaine to the interior of the larynx, I applied applied the chromic acid on the end of a silver sound about twice a week, endeavoring each time to carry the sound as far forwards between the cords as possible, and to destroy the union, which was successful.

After a few weeks' treatment, with careful application of the caustic, the patient greeted us one day, evidently delighted, with a fairly loud "Good morning!" and I was satisfied, on examination, that the false cords stood further apart, the glottis space therefore considerably larger, and now, for the first time, the free edges of the true vocal cords were visible, standing out from beneath the false cords. From this time forth I penciled the false cords with a solution of iodine and iodide of potash in glycerine, by which they became so much diminished in size that, at ordinary respiration, the true cords were completely visible, and only on phonation were they covered by the false cords.

There is no doubt in this case that the swallowed piece of bone caused a wound of the false cords, which, after suppuration, was followed by the bulging and partial union of them. This assumption is confirmed by the fact that suddenly, after the entrance of the foreign body into a previously healthy larynx, pain, difficulty of swallowing, cough and hoarseness supervened; and further, after the spontaneous discharge of pus, the pain, difficulty of swallowing, and dyspnoea ceased, while the hoarseness remained and even increased.

The result of the treatment, which lasted over a period of six or seven weeks, may in this respect be considered very satisfactory.

Flexion of the Thigh, with the Leg in a Straight Position, for Sciatica.

Dr. ALBERT B. STRONG thus writes in the *Peoria Medical Monthly*: There are many "wrinkles" in practice, and I offer you one, for the many received, that has served me well.

CASE.—A short time ago I was called to see a laborer suffering acutely from a severe attack of sciatica of the right nerve. He was 55 years old, always enjoyed good health, with the exception of some seven years ago, he had a similar attack that confined him to the house for eight weeks. In the mean time the limb had remained well. He never had rheumatism or specific disease.

The present trouble began three weeks before I saw him. For the last week he had scarcely obtained any rest day or night. The pain was present all the time down the back of the thigh as far as the toes, and in the region of the groin.

It was paroxysmal, worse at night, and so intense, particularly in the calf of the leg, that it felt, as he said, as though a dog had grasped the muscles and was tearing them from the bone. The great and adjoining toe were numb. He obtained the greatest relief by sitting by the fire almost constantly, grasping the knee with both hands and flexing the thigh strongly upon the abdomen. When the paroxysm would come on in the night he would throw off all covers and feel some better by lying perfectly naked in a cold room. At other times he would obtain some relief by standing up, grasping a table with both hands, get-

ting half way down on his left knee, throwing his right lower extremity as far back as he could, and putting all his weight on the toes of his right foot.

Standing thus for a few moments, the paroxysm would disappear, and on going to bed he would sleep for an hour or so. I requested him to lie down upon the lounge. He walked to it, a few feet distant, with much difficulty, and hitched himself on to it, all the time holding the right extremity perfectly rigid. He lay on his back. I grasped the ankle with one hand, the knee with the other, and so keeping the leg perfectly straight, gradually flexed the thigh to a right angle with the body. This caused him excruciating pain, referred chiefly to the point of exit of the nerve and to the calf. The limb was held in this position for about five minutes when the pain gradually disappeared. On lowering the limb he instantly remarked that it felt much better; that he had not for three weeks been able to allow the leg to rest upon its calf as it is now doing. He was requested to get up and walk about. He began to do this in a stiff and awkward sort of a way, but finding that the accustomed pain was gone, completed the remainder of the process in a surprisingly agile manner. He began to walk, at first cautiously, then more boldly, till in a few minutes he walked nearly as well as ever and entirely free from pain.

The instant relief from his sufferings was a source of great surprise to him and satisfaction to me. I again went through the same manipulation; this time but little pain was produced.

Ordered 12 capsules, each containing morphia sulph. $\frac{1}{8}$ gr., quiniæ sulph. 3 gr., to be taken every four hours. Instructed him to bend the leg next morning should the pains return.

Saw him again the third day. There had been no return of the paroxysm and he felt much better in every way; complained only of numbness in the great and adjoining toe. Left off the morphine and continued the quinine for three days more, when I saw him for the last time. He slept well from the first, walked with perfect freedom and free from all pain, only complaining of numbness in the toes.

That the sciatic nerve can be very materially stretched, was rendered quite apparent when I cut down upon the nerve in a cadaver, put my finger under it on the quadratus femoris, and made the manipulation as described above.

The finger in this position was almost painfully compressed.

The ham-string muscles were also rendered very tense. The tension of the nerve and muscles of the calf can be greatly increased by firmly flexing the foot on the leg while the lower limb is in the position as above described. It is well known that the thigh can be brought in contact with the abdomen; but with leg extended the thigh, in the adult at least, cannot, as a rule, be flexed much beyond a right angle without doing violence to the parts.

Report of a Case of Paraplegia, as a Result of Railway Injury.

Dr. T. B. CAMPBELL thus writes in the *Fort Wayne Jour. Med. Sci.*: C. L. Crawford, brakeman, stepped between cars to pull the pin, caught his foot between the guard and main rail and fell; as he fell, he caught hold of the link on the car leaving him, and by so doing his foot was extracted, but he fell to the ground and was caught by the axle of the car in front of him; grasping the axle,

he endeavored to save himself and was shoved fifteen or twenty feet over the ties; but dropping between two ties the car came onto him, rolling him up like a ball. By that time the car was stopped, pushed back, and the man removed. He was not unconscious, no bones fractured, very little appearance of external injury, but the lower extremities were found paralyzed in both sensation and motion. Also, complete paralysis of the bladder and sphincter ani. Suffered moderate pain in lumbar region. An hour later pain became severe, requiring hypodermic injections, the only medicinal treatment received for forty-eight hours after the injury. He then came under my care. The cot on which he laid was placed in a caboose and he was removed forty miles; he rested quietly during the transportation, requiring one small hypodermic injection. The bladder became very irritable, necessitating the frequent use of the catheter. Urine alkaline, loaded with mucus and blood. My diagnosis was contusion of cord, with probable rupture of some of the membranes, with extravasation of blood.

Patient was placed on an air-bed, bowels thoroughly evacuated by a mercurial, and the use of a syringe, followed by a vigorous antiphlogistic course of treatment, with full doses of bromide of potassa and ergot. Dry cups and ice-bags were applied to the spine. The treatment has been followed by sorbefacients, and attention to the general health. Iodide potassum, iodine, bichloride of mercury, and later strychnia and phosphorus. Mustard plasters, stimulating embrocations and ointment of biniodide of mercury to the spine. In twenty-four hours after placing the patient on treatment there was a slight sensation as far down as the knees, and later sensation appeared at the feet, but even at the present time is very imperfect. There is no motion except as communicated from the body. He has had no bed-sores; complete retention of urine continues, requiring constant attention. Have not yet used the hot iron, electricity, setons or issues, but shall try them in due time; and will be glad to hear any suggestions from the members of the Society.

Among the popular and long-used antiseptic dressings is carbolic acid, which we have nearly always used and with very good success. Of late years the bichloride or mercury is becoming a very popular dressing with some surgeons, who hold that it is one of the best germicides that we have; with this remedy we have had no experience. Listerine is another very good dressing, which we have used with satisfaction. Phenol-sodique is a French preparation, which makes a very fine dressing where there is a tendency to hemorrhage—which answers a double purpose, that of a hæmostatic and antiseptic. This we have used with very good satisfaction. Iodoform is a very fine dressing, and wounds will heal very kindly under a dressing of this. It may be used by dusting it along the seam of the wound and held by other dressing. It seems to be especially adapted to wounds that are somewhat indolent about healing.

There are various sutures and materials used for sutures. The ordinary interrupted suture is the most common in use, and answers for almost any wound on the external body, with the exception, perhaps, of wounds about the head and face.

Of the material used, silk, cat-gut, silver wire and horse hair are the most common. Cat-gut, carbolated, is preferred by some, from the fact of its being non-irritant and readily absorbed. We generally use the ordinary surgeon's silk.

We do not favor adhesive plaster much, except in injuries about the face and hands, and perhaps in slight injuries about the limbs. In applying plaster to large wounds, the edges are sometimes very much irritated by stretching across the raw and tender lips of the wound; and also retains the secretion from the wounds, and thus prevents the keeping of the wound clean, which is the most essential of all in their treatment.

In the dressing of wounds it is necessary to provide some material that will absorb the matter that may be thrown off from the wound. This we find in patent lint, absorbent cotton, and gauze; all of these dressings must, of course, be disinfected before being used: The injured limb must be put in the easiest position and held either by bandage, splint or pad; and perhaps all may come into use in holding the wounded part in position. This depends upon the part injured.

We think if the above treatment of wounds is carried out, we may expect a recovery that will be satisfactory to both patient and surgeon.

A Unique Case—Urinary Calculus Sloughed out through the Perineum.

Dr. W. T. CHEATAM thus writes in the *North Carolina Medical Journal*: April 10, 1879, a negro man brought me a urinary calculus of phosphatic composition, weighing ʒj. and ʒij., about the size and shape of a pullet's egg, the small end terminating in a neck-like extension, one-fourth of an inch in diameter and one-half an inch long. He represented it as having fallen from his little step-son's privates while walking across the floor about two hours previously. This announcement was so startling and seemingly incredible, that I immediately repaired to his place of residence to determine whether it was true or not. I found a boy of eight years standing by the fire partaking of a frugal repast, manifestly little concerned about his condition. He extravagantly represented the calculous diathesis—emaciated, cachethic, dwarfish; his corporeal development not exceeding that of an average healthy child of two years. An examination revealed the following condition: A portion of the perineum, the entire scrotum and both testes, had been swept away by the destructive inflammation and sloughing consequent upon the passage of the stone from the bladder to the outer world.

The penis had suffered almost annihilation; its connections to the rami of the ossa pubis and ischia were nearly severed, being attached by a narrow strip of integument, the body of the organ for three-fourths of its length being absent, and the prostrate gland, with its urethral connections, sharing a similar fate. The index finger was passed into the bladder through the opening made by the passage of the calculus; its mucous coating was thickened and morbidly sensitive, giving excruciating pain while passing the finger over its surface in search of concretions; none were found to exist, nature having rid that organ of its only specimen.

Enjoined strict cleanliness and a carbolized wash to be applied morning and evening. Ordered,

R.—Tr. Ferri Mur. ʒij.
 Liq. Potass. Ars. ʒjss.
 Infus. gentian q. s., ad. ʒiv.

M. S.—Dose, a teaspoonful before each meal.

16th. Wound improving; granulations healthy; waste space filling rapidly; appetite good, and strength improving.

To maintain the opening for the passage of urine a bougie was passed into the bladder once daily.

30th. Saw him again; the parts had completely healed over, with the exception of a small space at the point of it for the urine.

May 10th—Parts healed completely, nothing remaining but the opening preserved by the bougie, from which there was a continuous stillicidium of urine. Gave general directions as to future management, urging the necessity for a strict maintenance of the opening for the passage of urine.

Saw him again about the 1st of August in company with Drs. J. H. Tucker, of Henderson, and I. R. Wheat, of Richmond, Va. No change worthy of remark.

Saw him two weeks later in company with Dr. W. R. Willson, now of Dallas, Tex. From neglect to pass the bougie as directed, the external opening had closed, resulting in urinary infiltration to the extent of complete anasarca. Pulse feeble (160) p. m.; respiration labored, with a preternatural disposition to sleep. The opening was restored, about 3 i. urine escaping. Numerous small punctures were made with the point of a lancet over the body, buttocks and thigh, from which the infiltrated urine freely escaped, emitting an ammoniacal odor. A cathartic dose of bitart. potash was administered, and directions given to let me know the day following if he was living, Dr. Wilson concurring in the opinion that he could survive only a few hours. No message was received. Eight days subsequently, while on a visit to a patient in the same neighborhood, I learned that he was living. Called to see him. The anasarca had disappeared, and with it the untoward symptoms. No sloughs, only a few of the punctures presenting an unhealthy condition. Prescribed a tonic, and ordered that the small sores be kept clean with a carbolyzed wash. I never saw him again, but learn that he died the summer following of acute dysentery. His early history was obscured by the stupidity and ignorance of his parents. I am informed that he inherited the calculous diathesis, his father having died of gravel. His mother and step-father thought his trouble commenced when he was eighteen months old, as he suffered pain, and had a difficulty in passing his urine thenceforth until the passage of the stone.

I am of opinion, from the peculiar formation and the composition of the calculus, that it originated in the prostatic portion of the urethra, and its growth by accretion forced its vesical extremity into the bladder before taking its departure for the external parts and its ultimate liberation.

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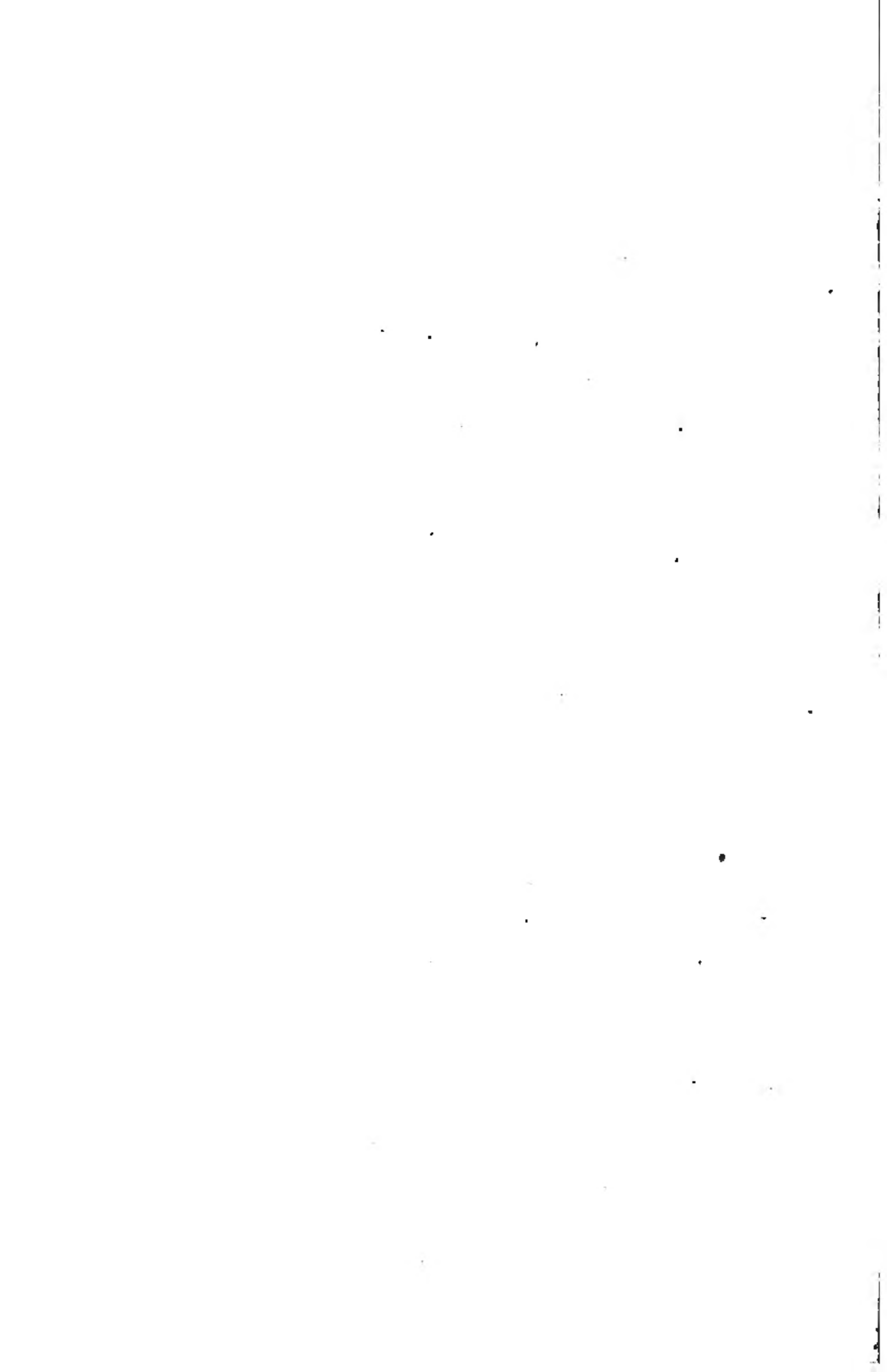
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